U.S. No. 300
Rev. 10.46

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17734

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3986

1

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3344 OAK HILL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2169
d. STREET ADDRESS (If rural, give location): 16 3344 OAK HILL

3. NAME OF DECEASED (Type or Print)
a. (First): WILHELMENA
b. (Middle):
c. (Last): BECK

4. DATE OF DEATH (Month) (Day) (Year): April 26 52

5. SEX: FE. 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: MAY-10-1865
9. AGE (In years last birthday): 86 YRS. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NH
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Joseph BECK
13b. MOTHER'S MAIDEN NAME: MARGARET BECK
14. NAME OF ~~HUSBAND OR~~ WIFE: JOHN BECK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Louise Beck
ADDRESS: 3344 Oak Hill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hyper tension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4500

22. *I hereby certify that I attended the deceased from* 4/12, 19 52, *to* 4/26, 19 52, *that I last saw the deceased alive on* 4/26, 19 52, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Otto C. Hauser MD (Degree or title)
23b. ADDRESS: 3012 Lafayette
23c. DATE SIGNED: 4/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR 29-52
24c. NAME OF CEMETERY OR CREMATORY: S.S. PETER + PAULS.
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo.

DATE REC'D BY LOCAL REG.: APR 28 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schnuer
ADDRESS: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos R Kollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.