

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30372**

State File No. ....

No. 300  
10.48

**FILED AUG 23 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2180

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis Co Mo.</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Sappington Co Mo.</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sappington Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Box 819 Allswell Lane</u>		d. STREET ADDRESS (If rural, give location) <u>Box 819 Allswell Lane</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Elsie</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Beck</u>	<u>Aug. 18 1952</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 23 1896</u>	<b>9. AGE</b> (In years last birthday) <u>56</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of preceding life, even if retired) <u>House Wife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Jefferson City Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Louis Grupe</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Clara Dahn</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Albert Beck</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>None</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Albert Beck</u>
		<b>ADDRESS</b> <u>Box 819 Sappington Mo</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 1/2 hrs</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Sarcinoma of the uterus</u>	DUE TO (b) _____		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	_____		

<b>19. DATE OF OPERATION</b> <u>June 10 1952</u>	<b>20. MAJOR FINDINGS OF OPERATION</b> <u>Sarcinoma of uterus with tumor abdominal metastases</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Aug-16, 1952, to Aug-18, 1952 **and that I last saw the deceased alive on** Aug-17, 1952 **and that death occurred at** 11:30 AM, **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Wm. Schumacher</u>	<b>(Degree or title)</b> <u>MD</u>	<b>23b. ADDRESS</b> <u>3201 - 50th St. Jefferson City, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8-14-52</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>8/21/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Martin Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Highridge Mo. Jefferson Co</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>8-19-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Dyer MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. Schumacher</u>	<b>ADDRESS</b> <u>3013 Meramec</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Jack Haupt*

Licensed Embalmer No. ~~77~~ 4746

P. O. Address. *St Louis*

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.