

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36160

State File No.

REC'D NOV 12 1952

318

1003

9691

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 10 3949 Lexington Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) L.	c. (Last) Beck	4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1895	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) St. Louis Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Moeller	13b. MOTHER'S MAIDEN NAME Anna Raven	14. NAME OF HUSBAND OR WIFE Charles A. Beck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 492-24-9101	17. INFORMANT'S SIGNATURE OR NAME Charles Beck, 3949 Lexington Ave.	ADDRESS Charles Beck, 3949 Lexington Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute nephritis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/17/52 to 10/20/52, that I last saw the deceased alive on 19, and that death occurred at 11:58 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Demetoff	(Date or title)	23b. ADDRESS 8330 Jennings Rd	23c. DATE SIGNED 10/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/23/52	24c. NAME OF SEMETERY OR CREMATORY Zions Cemetery	24d. LOCATION (City, town or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. OCT 21 1952	REGISTRAR'S SIGNATURE C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 N. Grand Blvd	ADDRESS
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Stanley H. Arison*
Licensed Embalmer No. *24193*
P. O. Address *St. L.*

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.