WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1931

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

32417

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123

Township CARONDELET Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. (US.V.Hospital St. Ward)

File No.

Registered No. 343

2. FULL NAME BECK, Henry W.

(a) Residence, No. 300 St. George St., St. Louis, Mo. (Usual place of abode) St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unavailable.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 9, 1887

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 43 | 43 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: /

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

FATHER

13. NAME: Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

MOTHER

15. MAIDEN NAME: Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

17. INFORMANT (ADDRESS): S. C. FILKINS, M.D., Acting Clinical Director, USVH Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE Sept. 17 1931

19. UNDERTAKER (ADDRESS): Wick Bros 2201 S. Grand

20. FILED Sept 15 1931 L. C. Obrock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, 19..., to September 14, 1931

I last saw him alive on Sept. 14, 1931 Death is said to have occurred on the date stated above, at 8:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, type unclassified | Unk. |
| 107 B | |
| 75 B | |
| 84 | |
| Other contributory causes of importance: Psychosis, intoxication, Korsakoff (Alcoholic) | Unk. |

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Name of operation: None Date of -

What test confirmed diagnosis: Clinical Findings. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, Med. Officer In Chg., M. D.

(Address) USVH Jeff. Brks., Mo.