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

Do not use this space.

21111

File No. 48773

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 7911

Primary Registration District No. 1000

#2387

2. FULL NAME William Beck

(a) Residence, No. 912 Russell St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary M. Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	5	25	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

FATHER

13. NAME John Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Kinick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Churchyard DATE 6/15 1933

19. UNDERTAKER J. P. Zegenhein & Sons (ADDRESS) 7022 Bonner

20. FILED JUN - 4 1933 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1933, to June 2nd 1933

I last saw him alive on June 2nd 1933. Death is said to have occurred on the date stated above, at 3:05 P.M.

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

	Date of onset
93C	
Cerebral Hemorrhage 87A	
Bronchio-Pneumonia 959	

Other contributory causes of importance:
Arteriosclerotic Heart Dis. (Chronic Myocarditis)

Name of operation Date of

What test confirmed diagnosis? Clin. 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? No

If so, specify

(Signed) J. Moellman, M. D.

(Address) City Hospital

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD