

FILED OCT 6 1942 318

101

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 7929

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Luthern Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4626 Tyrolean  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Amanda Beck

3. (b) If veteran, name war. ....  
3. (c) Social Security No. 356-09-8233

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased February 5 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 7 18 hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Stockmann  
(b) Address 4626 Tyrolean

17. (a) Burial (b) Date thereof 9/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Hucker, Alderle and Co.  
(b) Address SEP 3634 Gravois Ave

19. (a) SEP 24 1942 (b) J. P. Brudwick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1942 hour 5:55 minute 5 P. M.

21. I hereby certify that I attended the deceased from April 1942 to Sept 23 1942  
that I last saw him alive on Sept 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Due to Cardiac decompensation

Due to Coronary occlusion  
Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0  
Of autopsy 0

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? (City or town) (County) (State) 0  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. P. Brudwick (M. D. or other) 0  
Address 3634 Gravois Date signed 3-23-42

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

*[Handwritten initials]*

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert C Wheeler*

Licensed Embalmer No.....

*3128*

P. O. Address.....

*St Louis Mo*

**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.**