S. No. 2
M—2-43
5-17-39
I X35607

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32453

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2048

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos, 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 12

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4537 Nebraska (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BECK, Eugene Herman

3. (b) If veteran, name war

3. (c) Social Security No. 493-07-7170

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of ~~husband or~~ wife Ruby (Bushon)

6. (c) Age of ~~husband or~~ wife if alive ? years

7. Birth date of deceased 7 (Month) — 31 (Day) — 1889 (Year)

8. AGE: Years 54 Months 1 Days 9 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Structural Iron worker

11. Industry or business

FATHER
12. Name Beck, Conrad
13. Birthplace ? (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Vath
15. Birthplace Bellville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Patient

(b) Address 3011 a So. Jefferson, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Witt Bros L. & U. Co.

(b) Address 2929 So. Jefferson, St. Louis, Mo.

19. (a) SEP 13 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1943 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from 5 — 7 —, 1943, to 9 — 10 —, 1943; that I last saw him alive on 9 — 10 —, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculous meningitis	11 days
Due to Hematogenous Tbc	
Due to	
Other conditions Pulmonary Tbc; Tbc of prostate (Include pregnancy within 3 months of death)	

Major findings:
Of operations BFI
Of autopsy Tbc-meningitis; Pulmonary Tbc; Tbc of prostate

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Gronau (M.D. or other)

Address Robert Koch Hospital Date signed 9/11/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1943

NOV 17 1943

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.