

No. 2  
-12-45  
5-17-39  
I X47070

Registration District No. **317**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Christian Old Peoples Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Kramer Beck**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Fred P. Beck**

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

7. Birth date of deceased **June 24, 1859**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>88</b>	<b>4</b>	<b>2</b>	hr. min.

9. Birthplace **Indianapolis Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Henry Kramer**

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

14. Maiden name **Mary Mueller**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss. Mary E. Craig**

(b) Address **6600 Washington Avenue**

17. (a) **Burial** (b) Date thereof **Oct 30, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Shepard Funeral Home**  
**1367 Hamilton Avenue**

(b) Address

19. (a) **10-30-47** (b) **Carl A. Shepard**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **University City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6600 Washington Avenue**  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26**, 19**47**  
year **6** hour **00** minute **A** M.

21. I hereby certify that I attended the deceased from **July 2nd**, 19**47**, to **Oct. 26**, 19**47**.  
that I last saw her alive on **Oct 25 - 47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Pericardium Aneurysm**

Duration **?**

Due to **730**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **[Signature]** (M. D. or other)

Address **607 N. Grand St.** Date signed **10-27-47**

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

MOTHER FATHER

**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.....

*J. Allen Davis*

Licensed Embalmer No. *40533*

P. O. Address *St. Louis*

**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.**