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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13865
Registrar's No. 3453

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: 3825 Wilmington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2816a Osceola
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARIA BEUC
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Jacob
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 17 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	5	22	hr. min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Thomas Petschaller
13. Birthplace Austria
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Roman Beuc
(b) Address 3825 Wilmington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) APR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour 1:00 minute A.M.
21. I hereby certify that I attended the deceased from Jan 27, 1948, to April 9, 1948, that I last saw her alive on April 6, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	2 Mon.
Due to: hypertension	2 years
Due to: Diabetes	?
Other conditions (Include pregnancy within 3 months of death): Left hemiplegia	1-27-48

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Eugene H. Eddie (M. D. or other) MD.
Address 4971 Chippewa St. Date signed 4-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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... Richard W. Stovesand

Licensed Embalmer No.... 4007

P. O. Address.....

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.