No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33914

Registrar's No. 9510

**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: 3809 CONNECTICUT /
(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: MISSOURI (b) County: 000

(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3809 CONNECTICUT 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Rosa Beckerle

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: 488-18-6407B

4. Sex: F 1

5. Color or race: W

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

6. (b) Name of husband or wife: Michael Beckerle

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

7. Birth date of deceased: JAN. (Month) 8 (Day) 1864 (Year)

8. AGE: Years 84 Months 9 Days 23 If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Fred Rupp

13. Birthplace: (City, town, or county) GERMANY 4 (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: (City, town, or county) GERMANY 11 (State or foreign country)

16. (a) Informant: Theresa Kratky

(b) Address: 3809 CONNECTICUT

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV. 3, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cem.

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

(b) Address: 2929 S. Jefferson Ave.

19. (a) NOV 2 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT. day 31 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 10, 1947, to OCT 31, 1948, that I last saw her alive on OCT 31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

(1) Arteriosclerotic Heart disease — 1 yr

Due to: (2) Cholecystitis and cholelithiasis — 5 yrs

Due to: (3) Generalized arteriosclerosis — years

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: George A Dawson (M. D. or other)

Address: 3325 S. Grand Date signed 11/11/48

(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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 So. 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.**