

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22187

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **008**

Registered No. **6368**

City St. Louis

No. 3821 Cleveland Ave

St. Ward)

2. FULL NAME

Kathelmenia E. Beyer

(a) Residence. No. 3821 Cleveland St. Ward. 17

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 5 28

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Nurse (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Beyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Earnestine Debus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Ortelia Beyer (Address) 3821 Cleveland

15. FILED May 27 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 13, 1928, that I last saw h. alive on June 7, 1928, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho Pneumonia - left - 89A
840 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Central tumor 2 1/2 cm diameter
no accompanying (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH..... X

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 31
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Clinical diagnosis
(Signed) Norm S. Borrows, M. D.
June 14 1928 (Address) Galveston

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill Mo DATE OF BURIAL June 16 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

