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.

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

Do not use this space.

26235

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 26235

Township ..... Primary Registration District No. ..... Registered No. 7443

City St. Louis (No. 2901 Lemp Ave St. ..... Ward)

2. FULL NAME Beitler George K

(a) Residence. No. 2901 Lemp St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Beitler (Nee Clausen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 = 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
73	4	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Brewery Worker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Michael Beitler

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Johanna Beitler (Address) 2901 Lemp Ave

15. FILED ....., 19.... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1929, to July 15, 1929, that I last saw him alive on July 15, 1929, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis Chr - 936 NC

(duration) ..... yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Asthma non Tubercular (duration) 20 yrs. ..... mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 0 NC

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. B. Cappelmann, M. D.

, 19 (Address) 3289 Franklin

*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 Sunset Burial Pk DATE OF BURIAL 7/18 1929

20. UNDERTAKER Weidenmueller F. Home ADDRESS 2203 Gravois