

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

Do not use this space.

38724

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City, Sanitarium St. Ward)

File No.
Registered No. 11143
St. Ward)

2. FULL NAME

Lillian Mae Beile
(a) Residence. No. 3209 So Grand Bl 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. 9 mos. 9 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>9</u>	<u>8</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Aug & Walter Zimmerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Cora A Robinson

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

14. INFORMANT Joseph G. ...
(Address) 5700 Grand

15. NOV 15, 1929 May C. ...
FILED 19 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/14/29 19

17. I HEREBY CERTIFY, That I attended deceased from 11/23/29, 19, to 11/14/29, 19, that I last saw h. alive on 11/14/29, 19, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Paralytica

83 (duration) yrs. 9 mos. 23 ds.

CONTRIBUTORY (SECONDARY) 76 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical + Bacteriologic
(Signed) Joseph G. ... M. D.

11/14/29, 19 (Address) 5700 Grand
*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 Lakewood Park DATE OF BURIAL Nov 16 1929

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S Bdeoy

WRITE MAINLY, 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.

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