

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

Do not use this space.

14205

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. 13 Aberdeen Place.)

File No.....
Registered No. 3539
St. Ward)

2. FULL NAME

Harry Maynard Beer

(a) Residence. No. 13 Aberdeen Place St. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 12 - 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bond Broker
(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) St. Louis Mo

10. NAME OF FATHER Henry Jefferson Beer

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

12. MAIDEN NAME OF MOTHER Cornelia Maynard

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

14. INFORMANT Mrs. Albert S. Perkins
(Address) 13 Aberdeen Place.

15. FILED APR - 9 1930 W. E. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3 - 1926 to Apr 6 1930 that I last saw him alive on Apr 6 1930 and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditic ch.

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

18. WHERE WAS DISEASE CONTACTED? 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) [Signature] M. D.

Apr 7 1930 (address) 908 Blount Bldg.

*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 Bellefontaine DATE OF BURIAL 4-10 1930

20. UNDERTAKER Wagoner and Co ADDRESS 3621 Olive.

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.

WRITE IN INK WITH WRITING INSTRUMENTS THIS IS A PERMANENT RECORD

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