

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

Do not use this space.

15391

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. 412 Jackson St.) St. 1 Ward)

**2. FULL NAME**

Miss Mathilda Beumer  
 (a) Residence, No. 412 Jackson St. St., 1 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 61 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) May 13, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 254  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Charles, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME Herman Beumer

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

MOTHER 15. MAIDEN NAME Carolina Brockman

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

17. INFORMANT John Boekeneyer  
 (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Johns Cem. DATE May 2, 1931

19. UNDERTAKER Steinbrinker Furn. Co.  
 (ADDRESS) St. Charles, Mo.

20. FILED 571 19 31 St. J. Bloebaum  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29<sup>th</sup>, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931 to April 29, 1931  
 last saw him alive on April 29, 1931. Death is said to have occurred on the date stated above, at 5:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Nephritis  
132A  
 Other contributory causes of importance: 132  
 Date of onset

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) T. H. Hendrix, M. D.  
 (Address) St. Charles, Mo.

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.

MAY 27 1931

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