

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... St. Louis Primary Registration District No. 1003  
 City ..... St. Louis (No. 5630, North Broadway Ward) Registered No. 33082  
 Registered No. 9977

**2. FULL NAME**

(a) Residence, No. 5630 North Broadway Ward. 9  
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Beyer (Wartenburg)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1869  
 7. AGE YEARS 71 MONTHS 3 DAYS 19 IF LESS than 1 day, hrs. or min.

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

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

FATHER  
 13. NAME Ernst Beyer

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

MOTHER  
 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Charles Beyer  
5630 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Sept 26, 1931

19. UNDERTAKER (ADDRESS) Math. Hermand and Son  
561 East Taylor

20. FILED SEP 25 1931 W. C. Hammer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931 to Sept 23, 1931  
 I last saw deceased alive on Sept 23, 1931. Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cancer of Bladder Date of onset April 1931  
51B  
 Other contributory causes of importance:  
51B

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

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? no  
 If so, specify .....

(Signed) George Mueller, M. D.  
 (Address) 1502 St. Louis

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.

