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

Do not use this space.

13881

File No.

Registered No. 145

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 4448

City Jefferson Barracks Mo. No. U.S.V.A. Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME Adam H. Beyl.

(a) Residence, No. 5211-A. Maffit Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

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 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF - - - Widower- - - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unavailable.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable. 11. Total time (years) spent in this occupation

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

FATHER

13. NAME Unavailable.

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

MOTHER

15. MAIDEN NAME Unavailable.

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

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. U.S. Veterans Adm. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamby Mo DATE April 28 1932

19. UNDERTAKER (ADDRESS) Meacham Bros Hamby Mo

20. FILED Apr. 27, 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 26, 1932, I last saw him alive on April 26, 1932. Death is said to have occurred on the date stated above, at 1:15 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (terminal)	
97	
116	
118	

Other contributory causes of importance:

Arteriosclerosis, general.
Anemia, symptomatic.

Name of operation Date of

What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was 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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg. M. D.

(Address) U.S.V.A. Hospital, Jefferson Brks, Mo.