

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

Do not use this space.

31067

1. PLACE OF DEATH

County Registration District No. 1001
 Township St. Louis Primary Registration District No. 1003 File No.
 City St. Louis (No. 47255 Louisiana) Registered No. 8807 Ward)

2. FULL NAME

Emelia Beyer
 (a) Residence, No. 3416 Haschnade St., 15 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm F Beyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>-</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>St Louis Mo</u>		
MOTHER FATHER	13. NAME <u>Aug Etting</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Margaret Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>W. F. Beyer 3416 Haschnade</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn</u> DATE <u>Oct 3</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>F. Schumacher 3013 Meramec St.</u>		
20. FILED <u>Oct 7 - 3 1932</u> <u>Max C. Starkloff</u> Registrar.		

No Physician in Charge

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:
Thrombocardiitis Date of onset
930
930

Other contributory causes of importance:
(7)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

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) J. W. Finner M.D.
10/13/32 Dep. Coroner

WRITE PLAINLY, 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.

