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.

SEP 26 1933

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

Do not use this space.

28041

File No.

Registered No. 7118

1. PLACE OF DEATH

County ..... Registration District No. 731

Township ..... Primary Registration District No. .....

City St. Louis (No. 3627, Connecticut St. ..... Ward)

2. FULL NAME Marie Beyer

(a) Residence, No. 3627 Connecticut St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Ernst Beyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	1	11	

OCCUPATION

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

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

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 Albert Zinkel

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

MOTHER

15. MAIDEN NAME Elizabeth Fellmann

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

17. INFORMANT (ADDRESS) Elsie Beyer 3627 Connecticut

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Cem. DATE 8-19 1933

19. UNDERTAKER (ADDRESS) Henry Heier 2223 S. Grand

20. FILED AUG 16 1933 19 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to Aug 17, 1933

I last saw her alive on Aug 17, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

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

Cardiac Asthma — Date of onset

93C

95B

93C

Other contributory causes of importance: Chronic Myocarditis

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? No 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) L. W. Gray, M. D.

(Address) 3175 So. Grand La 4618