

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

Do not use this space.

41429

PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **W0063**
City **St. Louis Mo.** (No. **Luthern Hospital**) St. **10429** (Ward)

File No.....
Registered No. **10429**

2. FULL NAME

(a) Residence, No. **5433 Odell Ave St.** **3** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Catherine Beile**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1-1865**
7. AGE YEARS **68** MONTHS **7** DAYS **0** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Goods Merchant**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own Business**
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) **St. Louis Mo**

13. NAME **Unknown Beile**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Catherine Beile** (ADDRESS) **5433 Odell Ave**

18. BURIAL, CREMATION, OR REMOVAL **St. Peter Paul Cemetery Dec 5 1933**

19. UNDERTAKER **Mr. J. Robert Grandchild** (ADDRESS) **1925 S. Grand Blvd**

20. FILED **DEC -1 1933** **J. B. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 1 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 13, 1933** to **Dec. 1, 1933**
I last saw him alive on **Dec 1 1933** Death is said to have occurred on the date stated above, at **7:20 p.m.**
The principal cause of death and related causes of importance were as follows:

Peritonitis.
46 B
11 1/2
Other contributory causes of importance: **ruptured common stomach**

Name of operation **Gastro Enterostomy** Date of **Nov 29**
What test confirmed diagnosis? **X-ray** 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? **No**
If so, specify **J. P. Nemec Jr.** M. D.
(Signed) **J. P. Nemec Jr.**
(Address) **6200 Columbia Ave**

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 26 1934

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