

MAY 25 1934

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

Do not use this space.

14097

File No. _____
Registered No. 108 _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Valley Park, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Louise Caroline Beiling
(a) Residence, No. Valley Park Mo. St. _____ Ward _____
(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 Female 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 Wm. A. Beiling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 16

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

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) Ind.13. NAME Cassmier Kroener14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Sophie Kolb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Wm. A. Beiling
(ADDRESS) Valley Park Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Church Burial DATE 4/25/193419. UNDERTAKER Louis H. Bopp
(ADDRESS) Parkwood, Mo.20. FILED 4-23, 1934 Ansel J. Ingber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 193422. I HEREBY CERTIFY, that I attended deceased from 3-31, 1934 to 4-21, 1934I last saw him alive on 4-21, 1934 Death is saidto have occurred on the date stated above, at 6 P. m.

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

932A
General Hemorrhage
May 1932
Date of onset _____

Other contributory causes of importance: 932B
myocarditis
March 31-1934

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? _____ 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) G. P. Stouth, M. D.(Address) Valley Park Mo

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.

