

AUG 23 1935

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

Do not use this space.

25185

1. PLACE OF DEATH

County St. LouisRegistration District No. 1123

Township

Primary Registration District No. 6248BCity Jefferson Barracks(No. Veterans Administration Facility)

File No.

Registered No. 242

St. _____ Ward _____

2. FULL NAME BEYERT, Henry L.(a) Residence, No. R. #4 Box 352 Maple Ave St. _____ Ward. Overland, Missouri
(Usual place of abode)Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Mary Beyert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1896</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>1</u>
		DAYS
		<u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gardener</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>		
11. Total time (years) spent in this occupation <u>Unava</u>		

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri13. NAME Peter Beyert14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable15. MAIDEN NAME Unavailable16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable17. INFORMANT W. C. Gibson, M. D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Rest. Cem. DATE 7-15-3519. UNDERTAKER Baummann Bros & Co
(ADDRESS) Overland Mo.20. FILED July 12, 1935 L. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 193522. I HEREBY CERTIFY, That I attended deceased from July 9, 1935, 19____, to July 11, 1935, 19____I last saw him alive on July 11, 1935, 19____. Death is said to have occurred on the date stated above, at 9:40 P.

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

Meningitis Purulent
(Straphylococcus)Date of onset
Unkn.Other contributory causes of importance:
Suppurative Otitis MediaUnknName of operation None Date of _____
Physical exam. clinical manifestations, _____
What test confirmed diagnosis? _____ Was there an autopsy? No.
spinal puncture and lab. findings.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, M. D. Chief Med. Officer(Address) Vet. Adm. Facility, Jeff. Brks., 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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