

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.

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

Do not use this space.

JUL 14 1936

**791
1003**

24349

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. 4025^e Nebraska)

File No.
Registered No. 5963
St. Ward)

2. FULL NAME

Mrs. Lillian Beel
(a) Residence, No. 4025^e Nebraska St. 15 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. 11 mos. 26 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 Mr. Clemence Beel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis Missouri

FATHER
13. NAME Christ Bauherding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud Illinois

MOTHER
15. MAIDEN NAME Elizabeth Buchmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mr. Clemence Beel
(ADDRESS) 4025^e Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Cemetery DATE June 11, 1936

19. UNDERTAKER Beiderwiesedler Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Agency

20. FILED JUN 9 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1936

22. I HEREBY CERTIFY That I attended deceased from March 26, 1936, to June 8, 1936
I last saw her alive on June 8, 1936 Death is said to have occurred on the date stated above, at 12:45 P. m.
The principal cause of death and related causes of importance were as follows:

ant movements caused in 1936
(Hemorrhagic infection)
(Dysentery & enteritis)
Chromidystria Cerebralis

Other contributory causes of importance:
Chromidystria Cerebralis

Name of operation None Date of _____
What test confirmed diagnosis? H. C. fluid 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? Yes
If so, specify _____
(Signed) Edwin Neal, M. D.
(Address) 377 2^d St. Louis

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