

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4428 Blair Ave)

File No. 18809
Registered No. 5385
St. Ward)

2. FULL NAME Charles F. Beyer

(a) Residence, No. 4428 Blair Ave. St. 9 Ward. 1

(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 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 Mary B. Beyer (Buegler)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1855		
7. AGE	YEARS	MONTHS
<u>210</u>	82	4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Retired
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to May 29, 1937
I last saw him alive on May 27, 1937 Death is said to have occurred on the date stated above, at 1 A. m.

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

Cerebral hemorrhage Date of onset April 30
arterio-sclerosis senility 1907

Other contributory causes of importance
arterio-sclerosis
senility

Name of operation none Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

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.....
(Signed) Chas. S. Magee, M. D.
(Address) St. Louis, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>George W. Beyer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
FATHER	15. MAIDEN NAME <u>Louisa Boettner</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
INFORMANT	17. INFORMANT (ADDRESS) <u>Mrs. Mary B. Beyer</u> <u>4428 Blair Avenue</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>May 31, 1937</u>
UNDERTAKER	<u>Math. Hermann & Son</u> <u>2161 East Fair Avenue</u>
FILED	<u>MAY 30 1937</u> <u>J. Brebeck</u> Registrar.

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.

