

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.....
 City **ST. LOUIS** (No. **DEACONESS HOSP.**) St. Ward)

File No. **25256**
 Registered No. **6430**
 St. Ward)

2. FULL NAME **AUGUST BEYERS**

(a) Residence, No. **7150 PERSHING AVE. St.** **NR** Ward. **U. City Mo.**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **82 yrs. 11 mos. 0 ds.** How long in U. S., if of foreign birth **82 yrs. 11 mos. 0 ds.**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **WIDOWED**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 1, 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **COOPER**

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) **1926**

11. Total time (years) spent in this occupation **10 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MO.**

13. NAME **ADAM BEYERS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN GERMANY**

15. MAIDEN NAME **ANNA LAUTENBACH**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN GERMANY**

17. INFORMANT **MRS J. A. MEYER**
 (ADDRESS) **7150 PERSHING**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **FRIEDENS** DATE **JULY 3, 1937**

19. UNDERTAKER **Chudmeyer & Sons**
 (ADDRESS) **3934th St.**

20. FILED **JUL 9 1937**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **12:40 p.m.**

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

Haemorrhage due to necrotization of the lung as a result of being struck by University Police Streetcar

Other contributory causes of importance:

at Williams and Kerwood Right of way car being operated by Henry Green who was about 530 AM June 30-1937

Name of operation **open** Date of **yes**

What test confirmed diagnosis **open** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **open** Date of injury **6/30, 1937**

Where did injury occur? **University City, Mo.**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **See above**

Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Arthur M. Zuercher, M.D.**

(Address) **Deputy Coroner**

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.

9-220

1927-6-24
1924-6-28
52-0-1