

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 40691
 Registered No. 1246

2. FULL NAME Ernest Carl Beahler
 (a) Residence, No. 1916 1/2 Frederick Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>10</u>	<u>27</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman.
 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) 1934 11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester County, Maryland.

FATHER
 13. NAME Fred Beahler.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switzerland.

MOTHER
 15. MAIDEN NAME Rose Rutterman.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switzerland.

17. INFORMANT (ADDRESS) Louis F. Beahler, R.F.D. 3 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem, St. Joseph, Mo. DATE Nov. 15, 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son, 1802 Union St. St. Joseph Mo.

20. FILED 11/15 1937 A. Hestibush Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1937
 Viewed On Nov 12, 1937, to _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1.30 P.M.
 The principal cause of death and related causes of importance were as follows:
Viewed the body.
Coronary thrombosis.
 Date of onset _____

Other contributory causes of importance:
g412

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Rera Beck, M. D.
acting coroner
 (Address) King Street Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

