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.

REC'D JUN 23 1938

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

Do not use this space.

19366

1. PLACE OF DEATH

County St Charles — Registration District No. 760 B — File No.

Township Dardeen — Primary Registration District No. 6001 — Registered No. 46

City ~~Hamburg~~ (No. , St. Ward)

2. FULL NAME Bertha Beyl 400

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 51 mos. 3 ds. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
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: Frank Beyl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 11, 1887.

7. AGE: YEARS 51 — MONTHS 3 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper
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): Nov, 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles 0

FATHER

13. NAME: John F, Schneider 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co 0

MOTHER

15. MAIDEN NAME: Mary .L. Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co.

17. INFORMANT (ADDRESS): Frank Beyl, Hamburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hamburg Mo. DATE: May, 11 38

19. UNDERTAKER (ADDRESS): Morris Muschany, Hamburg Mo

20. FILED May 11, 1938 Ea Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 d, 1935, to May 8th, 1938
I last saw her alive on May 8, 1938. Death is said to have occurred on the date stated above, at 8 30 m.
The principal cause of death and related causes of importance were as follows:

Gangrene of Left Lung. — Date of onset

100

Other contributory causes of importance:
Lobar Pneumonia and Empyemia

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) Otto B. Fick, M. D.
(Address) Hamburg. Mo.