

DEC 13 1938

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

38668  
Do not use this space.

1. PLACE OF DEATH 2 85  
 (a) County Buchanan Registration District No. 1001  
 (b) Township St. Joseph Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 2629 Delaware St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 51 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth 51 yrs. - mos. - ds.

2. PRINT FULL NAME Louis August Beihl  
 (a) Residence, No. 2629 Delaware St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Frederica Beihl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>76</u>	<u>11</u>	<u>4</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Custodian

9. Industry or business in which work was done, as saw mill, bank, etc. Bd. of Education

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 26 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuertenberg Germany

FATHER

13. NAME Frederick Beihl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuertenberg Germany

MOTHER

15. MAIDEN NAME Rosalind Fink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuertenberg Germany

17. INFORMANT Miss. Julia Beihl  
(ADDRESS) 2629 Delaware Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cent.  
PLACE St. Joseph, Mo. DATE Nov. 26, 1938

19. FUNERAL DIRECTOR H.O. Sidenfaden and Son  
(ADDRESS) St. Joseph, Mo. 1802 Union St.

20. FILED 11-25-38 H. J. Neill  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1938, to Nov 24, 1938  
 I last saw h im alive on Nov 24, 1938. Death is said to have occurred on the date stated above, at 1:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion Date of onset im known

Other contributory causes of importance:  
Chronic myocardial insufficiency unknown

Name of operation none Date of    
 What test confirmed diagnosis? Clinical 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)   M. D.  
 (Address)  

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.

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STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-Self

\*\*\*\*

L. E.

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\*\*\*\*

No. \*\*\*\* or by \*\* \*\* Registered Apprentice No. \*\*

working under my personal supervision.

Signed

*Robert P. Clarkson*

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)