

REC'D FEB 10 1939

2

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

195

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **3043** **Bowen St.** Registered No. **195**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Mrs. Mary Beye**

(a) Residence, No. **3643 Brown Al.** St. **1** (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>77</b>	<b>7</b>	<b>7</b>	<b>15</b>	

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Franklin county**  
(STATE OR COUNTRY) **Mo.**

13. NAME **William Flottmann**

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

15. MAIDEN NAME **Anne Louise Sewing**

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

17. INFORMANT **Forrest Beye**  
(ADDRESS) **3650 Fillmore Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Jan 7 1939**

19. FUNERAL DIRECTOR **Schumacher Und. Co.**  
(ADDRESS) **3013 Meramec St.**

20. FILED **JAN 6 1939** **J. F. Budick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-4 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 20 1938** to **Jan 4 1939**

I last saw her alive on **Jan 3 1939** Death is said to have occurred on the date stated above, at **4:30** a.m.

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

Chronic Myocarditis

Arterio-Sclerosis

Other contributory causes of importance:

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?.....  
If so, specify **Edwin F. Witt, M. D.**  
(Signed) **Edwin F. Witt, M. D.**  
1 (Address) **3805 So. Broadway**

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Clarence Rochow

Licensed Embalmer No.....

3093

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.)