

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.

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

16627
Do not use this space.

JUN 12 1939

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2501 Benton St. 20
(Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Factory Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Chas. Beyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Amelia Daur

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

17. INFORMANT (ADDRESS) Anthony K. Busch M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem May 5th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Market Street.

20. FILED MAY 4 1939 J. B. Busch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 19, to 5-2-39 19

I last saw deceased alive on 5-2-39 19. Death is said to have occurred on the date stated above, at 10:35 A.M.

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

Carcinoma of Gall Bladder
7-1-38-x

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
Yes, specify.....
(Signed) Anthony K Busch, M. D.
(Address).....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Admiral Ponder*

Licensed Embalmer No. *3367*

P. O. Address *3223 St. Louis av*

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.)

If this body is not embalmed, above space should be left blank.