WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan

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NOV 24 1939

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

Do not use this space.

37037

92 4 3

1. PLACE OF DEATH

County St. Charles. 1

Township "

City [illegible] (No. ..... St. ..... Ward)

Registration District No. 757

Primary Registration District No. 3036

File No. .....

Registered No. 154

2. FULL NAME Miss Anna Catharine Beumer

(a) Residence, No. 125 Anderson St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 24th 1866

7. AGE: YEARS 73 | MONTHS 7 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

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) Jan 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Missouri

FATHER

13. NAME John. F. Beumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Hanna Willbrand.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont Know

17. INFORMANT (ADDRESS) Geo. Beumer 125 Anderson St St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cemetery DATE Oct. 13th 1939

19. UNDERTAKER (ADDRESS) Steinbrinker's. St. Charles, Mo.

20. FILED 10/13/39, 19 Clarence S. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939, to Oct 10, 1939

I last saw her alive on Oct 10, 1939. Death is said to have occurred on the date stated above, at 12.50 P.m.

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

	Date of onset
Acute Indigestion	Oct 10 1939

Other contributory causes of importance:

" Neuritis

Name of operation ..... Date of Oct 10 1939

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 .....

(Signed) T. L. Hardin, M. D.

(Address) St. Charles, Mo.

Dr. T. L. Hendrie

closed Rm 4/40

08/11