

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.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1826

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Home of the Friendless, 4431 S.
 (If rural, give location) Broadway.
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILHELMINA BEGER
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 16,
 year 1939 hour 9 minute 20 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles G. Begeer
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 14, 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 7 2 _____ hr. _____ min.

Immediate cause of death _____
Automobile accident.
Struck by an automobile while a pedestrian on a public highway.
 Duration 9/11/39

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

Due to Cpd Fractures of both tibia and fibula. Fracture of pelvis.
 Other conditions Fracture of L. Radius.
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER {
 12. Name Christian F. Kleine
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Lisetta Marjenu
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Myrtle Sampson
 (b) Address 2324 Dodier St., St. Louis, Mo.
 17. (a) Burial (b) Date thereof 10/19/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Cemetery
 18. (a) Signature of funeral director W. W. Schumacher
 (b) Address 4834 Natural Bridge, St. Louis, Mo.
 19. (a) OCT 18 1939 (b) W. R. Meyer
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Sept 11, 1939
 (c) Where did injury occur? Pine Lawn, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work no (Specify use of place) (e) Means of injury auto
 Signature John Conuell (M. D. or other)
 Address Coroner of St. Louis County, Mo. 10/18

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.....

John Ketter

..... Licensed Embalmer No. 3880

P. O. Address.....

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.