

Registration District No. **257**

Primary Registration District No. **3036**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (c) Name of hospital or institution:
701 Monroe Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME AUGUST BEIMDIEK 532

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-7504

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Blau 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 13th 1871
 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Type Writer

11. Industry or business Car Manufacturing

MOTHER FATHER { 12. Name Henry St. Beimdick

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace St. Charles County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Beimdick

(b) Address 701 Monroe St. Charles Mo.

17. (a) Burial (b) Date thereof Feb 21 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frederick Cemetery

18. (a) Signature of funeral director Haelmann-Baue

(b) Address 326 N. 6th St. St. Charles Mo.

19. (a) 2/20/40 (b) Clarence G. Hershey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 701 Monroe
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 12 1899 to Feb 17 1940, that I last saw him alive on Feb 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Coronary sclerosis

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 2/20/40

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov. 27-39 I X1951

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.

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..... *Arthur O. Bane*

Licensed Embalmer No. *3125*

P. O. Address. *1200 Maple St*

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.