

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9010

State File No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2493**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Anthony's Hospital  
(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

**3. (a) PRINT FULL NAME** William A. Beetz

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, married, divorced Married

6. (b) Name of husband or wife E. Margaret Beetz

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Sept. 29 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Owner of paper route

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Henry C. Beetz

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

14. Maiden name Margaret Keuhl

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant E. Margaret Beetz

(b) Address 723 Fieldston Terrace

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-16-40  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAR 15 1940  
(Date received by registrar)

(b) J. W. [Signature]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 723 Fieldston Terrace  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 13th  
year 1940 hour 6:30 minute \_\_\_\_\_ A.M. M.

21. I hereby certify that I attended the deceased from Jan 8  
1940, to March 13, 1940;  
that I last saw him alive on March 12, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bram abscess

Due to Bacteriemia, Strep. fecalis

Due to Bacterial endocarditis and myocarditis chronic

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 93

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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)

(c) Means of injury \_\_\_\_\_

23. Signature Victor J. Soule (M. D. or other) M.D.

Address 2811 Watson, St. Louis Date signed 3/14/40

Dr. Victor Gould  
2841 Watson Rd. 10:30 - 12  
and 3:30 - 6 P.M.

6352 *Monroe*

**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 *Edwin M. Bernatt*

Licensed Embalmer No. *3024*

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.