

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23848

State File No. 6293

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 13 days  
In this community 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3509 Chouteau  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Gustave C. Beer 600

3. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 18 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 6 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor Of Carpet Laying

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

12. Name Gustave Beer 1

13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

14. Maiden name Friedericka Riesenbeck  
15. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Anni Beer

(b) Address 3509 Chouteau

17. (a) Burial (b) Date thereof July 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Benderwider Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) JUL 27 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1940 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 24  
1940 to July 24 1940  
that I last saw him alive on July 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Livers

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

Major findings: Nodules - Ulcerated Livers  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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) (e) Means of injury 1

23. Signature W. Schumacher (M. D. or other) MD  
Address 4981 Thrush Date signed 7-25-40

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

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 Mat Warfel, Registered Apprentice No. 215 working under my personal supervision.

Signed

Julius J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1934 St. Louis

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.