

NOV 16 1940 791

Primary Registration District No. **1003**

Registrar's No. **8309**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Mary Beyer**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Albert M.J. Beyer** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **September 2 1882**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **3** If less than one day hr. _____ min. _____

9. Birthplace **Monroe City Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Henry Berger**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

18. (a) Informant **Albert M.J. Beyer**
(b) Address **1519 N. Spring Ave.**

17. (a) **Burial** (b) Date thereof **10-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem. Cullinane Bros.**

18. (e) Signature of funeral director **1710 N. Grand Blvd.**

(b) **OCT 6 1940**
(Date received local registrar) (c) **J.B. Prudek**
(Registrar's signature)

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. **1519 N. Spring Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**, year **1940** hour **5:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 3**, 19**40**, to **October 5**, 19**40**, that I last saw him alive on **October 5**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix** Duration **2 yrs**

Due to _____
Due to _____

Other conditions **Hydrocephalus**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Carcinoma of Cervix Hydrocephalus**

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 **H. Lathrop** (M. D. or other) **10/5/40**
Address **1515 Lafayette Ave.** Date signed

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 Fred Trick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.