

No. 2-4-13-40
5-17-39
PI X2315

FILED SEP 17 1941 791
Registration District No. _____

Primary Registration District No. _____

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

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:
St. John'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 _____ (Specify whether
years, months or days) 0

3. (a) PRINT FULL NAME. Otto Beier
3. (b) If veteran, name war. Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. March 30 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 4 18 hr. min.

9. Birthplace. New Melle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Jeweler

11. Industry or business _____

12. Name Joseph Beier
13. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Neiderjohn
15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant. August Beier
(b) Address. Foristell, Mo.

17. (a) Removal (b) Date thereof 8/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Wentzville, Mo.

18. (a) Signature of funeral director. T. E. Pitman
(b) Address. Wentzville, Mo.

19. (a) AUG 20 1941 (b) J. M. Woodcock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 092
00
(a) State. Missouri (b) County _____
(c) City or town. Wentzville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) A.B.
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1941 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan 2
1934, to Aug 17, 1941;
that I last saw him alive on Aug 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Hemorrhagic Nephritis Duration
2 yrs
Due to Paralysis of lower limbs suffered in accident 20 yrs ago to my knowledge
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 1316
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature Robert F. Hecker (M. D. or other) h
Address 634 20 Grand Date signed 8/18/41

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.....

J. Wm Binkley

Licensed Embalmer No.....

3653

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, fact should be so stated above.