

283
-1-4-41
-5-17-39
I X26390

SEP 13 1941
791

Registration District No. _____

Primary Registration District No. 1003

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 28 Days
(Specify whether
In this community Birth
years, months or days)

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. 2039a Adelaide Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fred J. Beinker

3. (b) If veteran, name war None

3. (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 Clara 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased September 21, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name John F. Beinker
13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Bollmann
15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara B. Beinker
(b) Address 2039a Adelaide Ave

17. (a) Removal (b) Date thereof 9/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 11 1941 (b) J.P. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9,
year 1941 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from August 12,
19 41 to September 9, 19 41,
that I last saw him alive on September 9, 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death Senile psychosis
no other cause

Duration years

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 a

Major findings: Of operations _____
Of autopsy not performed

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 M. Carley (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 9/9/41

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

MOTHER FATHER

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

William B. Buchholz

Licensed Embalmer No.

2410

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.