

Registration District No. **791**

Primary Registration District No. **1010**

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:
City Hospital 0
(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)

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. **5974a Romaine Pl.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**
 year **1942** hour **1:45** minute **A.** M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hemorrhage due to gun shot wound in head.
Self Inflicted. In Calvary Cemetery, Feb 20-1942 about 12:40 pm

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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) **Suicide**
 (b) Date of occurrence **2-20-1942**
 (c) Where did injury occur? **St. Louis** **MO**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
 (e) Means of injury.....

23. Signature **Thomas J. Callera** (M. D. or other).....
 Address **Deputy Coroner** Date signed **2/22/42**

3. (a) PRINT FULL NAME **August Beine**

3. (b) If veteran, name war **No** 3. (c) Social Security No.....

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..... years

7. Birth date of deceased **April 14 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 7 hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Alhoff Bros.**

12. Name **August Beine**

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

14. Maiden name **Barbara Leight**

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

16. (a) Informant **August Beine, Jr.**

(b) Address **6155 Etzel Avenue**

17. (a) **Burial** (b) Date thereof **2-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas. F. Stuart**

(b) Address **225 Union Blvd.**

19. (a) **FEB 22 1942** (b) **J. F. Medelek**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

337

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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 *Bernard G. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union, Cal.*

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.