

Registration District No. 91

Primary Registration District No. 1003

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:  
4132 Chippewa /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 60 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4132 Chippewa  
(If rural, give location)  
(e) Citizen of foreign country? No YES (Yes or No)  
If yes, name country GERMANY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1942 hour 6 minute 15a M.  
21. I hereby certify that I attended the deceased from Jan 10  
1942 to May 2 1942  
that I last saw him alive on April 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation 4 yrs  
Due to not known  
Due to 97  
Other conditions none  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 Dr. N. F. Miller (M. D. or other)  
Address 8410N Broadway Date signed 5-2-42

3. (a) PRINT FULL NAME Chas. A. Beintker

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

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

6. (b) Name of husband or wife Anna Wakemann  
6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 24 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 8  
If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business Cupples Station

12. Name Peter Hy. Beintker

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

14. Maiden name Minnie Brueggmann

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

16. (a) Informant Mrs. Anna Beintker

(b) Address 4132 Chippewa

17. (a) Burial (b) Date thereof May 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery  
Beiderwieden F. Home Inc.

18. (a) Signature of funeral director.....  
(b) Address 1936 St. Louis Ave.

19. (a) MAY 4 1942 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. H. J. Miller  
8410 W. Bivley  
9-11 9th St.

Vogt

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 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, fact should be so stated above.