V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3349 ✓

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 234

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 9 Rural / Oakville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 9 Box 578 Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anthony Beiter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Beiter

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 27 (Day) 1870 (Year)

8. AGE: Years 73 | Months 0 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Julius Beiter
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Burg
15. Birthplace Mattese (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Emma Beiter Emma Beiter

(b) Address Rt. #9 Box 578 Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Assumption Cem, Mattese, Mo.

18. (a) Signature of funeral director C. Hoffmeister U.A.L.Co. C. Hoffmeister U.A.L.Co.

(b) Address 7814 S. Broadway

19. (a) FEB 1 1943 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June-12- 1940 to Jan.-27- 1943 that I last saw him alive on Jan.-27- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Broncho-pneumonia 3 days

Due to (2) Cerebral hemorrhage hemiplegia since 6-12-40

Due to (3) Hypertension

Other conditions (x) Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

Duration

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 D. S. Pruett 0 (M. D. or other)

Address 6006 Virginia Ave Date signed 1-29-43

73-278

(Licensed Embalmer's Statement on Reverse Side)

Dr D S Pruett

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.