

S. No. 2
4-5-42
1-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 46

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Monroe Street
(If rural, give location)

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

If yes, name country. 0

3. (a) PRINT FULL NAME Emma Beimdiek

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour 12 minute 30 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Louis Beimdiek

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 16th, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1, 1943 to Mar 8, 1943
that I last saw her alive on Mar 8, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 8 22 hr. min.

Immediate cause of death. Broken compensation
Secondary anemia

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

Other conditions Fibroids of uterus
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business

12. Name John F. Meyer

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

14. Maiden name Mary Kuhlmann

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

16. (a) Informant Louis Beimdiek

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Mar. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hagmann - Bau

(b) Address 326 N. 6th St. St. Charles, Mo

19. (a) 3-10-43 (b) Clarence G. Wessler
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations 95c2
Of autopsy

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?

23. Signature J.P. Enrich Schuch, M.D.
Address St. Charles, Mo Date signed 3/9/43

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

MOTHER FATHER

OCT 31 1942

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..... *Arthur C. Paul*

Licensed Embalmer No. *3154*

P. O. Address..... *St. Charles 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.