

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 3130

FILED APR 19 1943

Registration District No. 318

Primary Registration District 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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1010 S. Florissant rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna C. Beyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 11:45 PM minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Adolph F. Beyer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 4, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 25 1943 to Mar 31 1943
that I last saw her alive on Mar 31 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Myelogenous Leukemia

Duration ?

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

Due to _____

Due to _____

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

10. Usual occupation At home

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Bernard C. Grambs

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

14. Maiden name Marie Johanningsmeyer

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Adolph F Beyer Sr.

(b) Address 1010 S. Florissant Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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? _____

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 2 1943 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

23. Signature W. Hughes (M. D. or other) _____

Address Ferguson Mo Date signed 4/1/43

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: *Walter G. Busby*
Licensed Embalmer No. *4202*
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.