

S. No. 2  
M-9-4-41  
5-17-39  
X294

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15852

State File No. ....

Registrar's No. 5069

FILED JUN 9 1948

318

Primary Registration District No. 1003

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:  
1657 So. Vandeventer Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

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

3. (a) PRINT FULL NAME Emma C. Beinecke

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Edward W. Beinecke 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 19th 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 2 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name William Cunningham

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

14. Maiden name Catherine Simons

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

16. (a) Informant Edward W. Beinecke

(b) Address 1657 So. Vandeventer Ave.

17. (a) Burial Date the of 6-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 2 1948 (b) J. J. Bredenk  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1657 So. Vandeventer Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th  
year 1943 hour 12:45 minute..... P.M.A.M.

21. I hereby certify that I attended the deceased from June 1 1938 to May 29 1943  
that I last saw her alive on May 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Cerebral Hemorrhage  
Due to Diabetes  
Due to Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature W. Melrose Gale (M. D. or member)  
Address 1625 Tower Date signed 5/30/4

000  
17/7  
9  
0

Duration  
1 day  
5 day  
5 years  
2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1622  
AN 1082  
LICENSE AVES.

6909  
6909

**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 *Edwin N. Mc Nemeth*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.