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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 27 1944  
Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 668

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3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 19 Month 19 days  
57 yrs (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7830 Genesta  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Beuger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Helen Beuger (nee Kliemann 56 yrs) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business Tool & Die Maker

MOTHER FATHER

12. Name Henry Beuger

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

14. Maiden name Anna Unsteiger

15. Birthplace U Herman Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Beuger

(b) Address 7830 Genesta St. Louis Co.

17. (a) burial (b) Date thereof 3-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of medical director Henry L. Neiswander

(b) Address 6203 Gravois Ave.

19. (a) MAR 18 1944 (b) E. G. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1944 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from 1-23-44, 19\_\_\_\_, to 3-13-44, 19\_\_\_\_;  
that I last saw him alive on 3-13-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon, resulted Cirrhosis of liver Duration 1 year unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of colon  
Of operations Cirrhosis of liver

Of autopsy none performed

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature James H. Owen, M.D. (M. D. or other)

Address 601. Elmwood Blvd, Clayton Date signed 3-17-44

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Robert G. Kopper* .....

Licensed Embalmer No. *2921* .....

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.**