

FILED MAY 26 1945

318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4007

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:
4044 Flad
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4044 Flad
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or, No)
If yes, name country _____

3. (a) PRINT FULL NAME Maurice T Beth

3. (b) If veteran, name war yes World War II 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 Anna Mae 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 11-13-1918
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1945 hour 6 minutes 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Neurogenic Heart lesion; Membranous Endocarditis; Fibrous Capillary (Fibrils)

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically:

8. AGE: Years Months Days If less than one day
26 5 20 hr. _____ min. _____

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

10. Usual occupation Soldier on Furlough

11. Industry or business U. S. Army

12. Name Theodore Beth

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

14. Maiden name Margaret Armstrong

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

16. (a) Informant Anna Mae Beth

(b) Address 4044 Flad

17. (a) Burial (b) Date thereof 5-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Meek & Dickman

(b) Address 4355 Washington

19. (a) MAY 5 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

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) _____ Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____

Address St Louis Date signed 5/15/45

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

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94

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ronald O. Yahrke

Licensed Embalmer No. 3917

P. O. Address OT Lewis

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.