S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31687

State File No. 1005

Registration District No. 318 Primary Registration District No. Registrar's No. 9523

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: 5530 Greer 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 049
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5530 Greer Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura E. Beyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife August Beyer

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1880 (Year)

8. AGE: Years 64 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Daniel Bauer

13. Birthplace St. Louis Co. (City, town, or county) 0 (State or foreign country)

14. Maiden name Diana Meyers

15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant August Beyer
(b) Address 5530 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1945 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept 29 1945, to Nov. 2 1945, that I last saw her alive on Nov 1 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver.

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.

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

23. Signature H. F. Bergman (M. D. or other) MD
Address 3720 Washington Date signed 11/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bergmann
Clara & St. Louis Ave.
3720 Washington Ave.

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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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address 10 Francis

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.