

No. 2
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5-17-39
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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. **34958**

FILED OCT 18 1945

Registration District No. _____

Primary Registration District No. 624

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WASHINGTON
(b) City or town MINERAL POINT TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yrs. 5 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON
(c) City or town MINERAL POINT (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 MI. EAST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR J. BEVER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA M. BEVER. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased AUG 21 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED PAINTER.

11. Industry or business RETIRED PAINTER.
12. Name UNKNOWN
13. Birthplace GERMANY
(City, town, or county). (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace GERMANY
(City, town, or county). (State or foreign country)

16. (a) Informant MRS. MARTHA M. BEVER.
(b) Address MINERAL POINT MO.

17. (a) BURIAL (b) Date thereof 10-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo.

18. (a) Signature of funeral director BOYER FUNERAL HOME.
(b) Address 4070 S. Mo.
(c) Date received local registrar Oct 17-45 (d) Mrs. G.F. Casarone
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1945 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to following
Due to Coronary thrombosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 940

Duration _____
Underline the cause to which death should be charged statistically.

PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(c) 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 E. J. ... (M. D. or other) _____
Address Palmyra Mo Date 10/16/45

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

MOTHER FATHER

1501

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4158

P. O. Address 107051 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.