S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38919

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10949

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:
Firmin Desloge Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2816a Osceola St.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Beuc,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, O

5. Color or race White,

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

6. (b) Name of husband or wife Maria Beuc,

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 13, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Mesker Bros. Iron Co.

11. Industry or business Retired 15 Years,

MOTHER FATHER

12. Name Don't Know,
13. Birthplace (City, town, or county) Don't Know, (State or foreign country)

14. Maiden name Don't Know,
15. Birthplace (City, town, or county) Don't Know, (State or foreign country)

16. (a) Informant Maria Beuc,
(b) Address 2816a Osceola St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS PETER + PAUL CEM

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) DEC 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1945 hour 4: minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 9, 1945, to Dec 14, 1945, that I last saw him alive on Dec 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Infectious diarrhea — 1 wk.
Due to
Other conditions (Include pregnancy within 3 months of death) 120
Major findings:
Of operations
Of autopsy

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 Fabian J. Burke M.D., (M. D. or other)
Address 3115 S. Grand Date signed 12-15-45

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

Signed Loron C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 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.