

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9591**

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

1. PLACE OF DEATH:

(a) County DeSt Louis

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

(c) Name of hospital or institution: De coness Hoapital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Weeks
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Alvine Beeh.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Gustave Beeh.

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

7. Birth date of deceased May 18th. 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	0	21	hr. _____ min.

9. Birthplace New Melle, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Dickbreder

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

14. Maiden name Caroline Drehman

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

16. (a) Informant Helen Koboldt

(b) Address 4017 Greer Ave.

17. (a) Burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (c) Signature of funeral director Suedmeyer & Sons.

(b) Address 3934 N. 20th. St.

19. (a) NOV 10 1946 (b) J. J. Bredesk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4017 Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 9th.
year 1946 hour 12.10 minute A. M.

21. I hereby certify that I attended the deceased from Aug 4
1946 to Nov 9 1946
that I last saw her alive on Nov 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis -

Due to Thrombosis of cerebral vessels

Due to 8/3

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other) _____
Address 3720 W. Washington Hwy Date signed 11/19/46

*Dr. Henry...
B...
2 To 3 P.M.*

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 A. G. Smithers
Licensed Embalmer No. 3916
P. O. Address 3934 N. 20 St

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.