

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42132

FILED DEC 24 1946

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10676

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:  
1924 OREGON AV. /  
(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 237  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1924 A OREGON AV. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ANN BEISMANN

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife LEO BEISMANN  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAY 8 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 7 4 hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MARTIN MEYER  
13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH BAER  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julie Lawrey  
(b) Address 1924 Oregon Av 8

17. (a) BURIAL (b) Date thereof DEC. 16-46  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur  
(b) Address 3125 Lafayette Av

19. (a) DEC 13 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1946 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from July, 1946, to Dec. 12, 1946;  
that I last saw her alive on Dec. 12, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 50

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature J. J. Keaton (M. D. or other) \_\_\_\_\_  
Address 3430 1/2 Jefferson Av Date signed 12-13-46

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

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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.....

*Jose B. Volkmer*

Licensed Embalmer No. *4014*

P. O. Address *St. Louis 4, 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.**