S. No. 2
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5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6024

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1789

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:
St. Anthony Hospital
(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 St Louis 96

(c) City or town ~~St. Louis~~ 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Wachtel ave. NR. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Donald Beyes

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 29 (Month) 1947 (Day) (Year)

8. AGE: Years 0 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Maurice Beyes
13. Birthplace St. Louis Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LaVerna Harig
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Maurice Beyes
(b) Address 1224 Wachtel ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cem. Oakville, Mo

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) FEB 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1947 hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from Jan. 30, 1947, to Feb. 19, 1947
that I last saw him alive on 2-19-47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death probable cerebral hemorrhage (tentorium region)

Due to injury during birth

Due to

Other conditions (Include pregnancy within 3 months of death) Prematureness 7 mos gestation

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 Ervin D. Cawlers (M. D. or ~~other~~)
Address 748 Lemay Ferry Rd Date signed 2/19/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.