No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10440

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 84

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yrs. 7 mos. 3 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6407 Chatham 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EDWARD BEYER

3. (b) If veteran, name war Unknown
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 12, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	3	..... hr. ..... min.

9. Birthplace Valley Park (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Box Factory worker
11. Industry or business .....

FATHER
12. Name Ostrander 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ellen Broderick
15. Birthplace Delaware Water Gap (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Geo. L. Pleitsch
(b) Address 5966-5968 Easton Ave., St. Louis, Mo.
19. (a) 3-26-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from
Sept. 12, 1932 19 to March 15, 1947 19;
that I last saw him alive on March 15, 1947 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs.
Due to	
Due to with Psychosis	
Other conditions Mental Deficiency (Include pregnancy within 3 months of death)	20 yrs.

Major findings:
Of operations .....
Of autopsy .....

93D

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 0
23. Signature Lauriet L. Hoehn (M. D. or other)
Address Farmington Mo Date signed 3/15/47

(Licensed Embalmer's Statement on Reverse Side)

249

RECEIVED

Registrar Health Officer No. 4

3 47-43

3-31-47

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 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.