No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

Registration District No. 161

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5594

State File No. 17880

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town RURAL — MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. JOSEPH'S HILL INF
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 YRS. 8 MOS. 5 DAYS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town ROBERTSON 0
(If outside city or town limits, write "RURAL")

(d) Street No. R-R. I Box 605 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LEO BEYER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife SINGLE

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

7. Birth date of deceased January (Month) 22 (Day) 1888 (Year)

8. AGE: Years 59 Months 3 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business "

FATHER
12. Name Hermann Beyer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Catherine Huerter
15. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Brother Roch, O.S.F.

(b) Address St. Joseph's Hill Inf.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc

(b) Address 5966-68 Easton Ave St. L. Mo.

19. (a) ~~Mrs~~ 5-16-47 (Date received local registrar) (b) Mrs J. G. Huekels (Registrar's signature) 1114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 23, 1944 to May 13, 1947 that I last saw him alive on May 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Due to EPILEPSY

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Mardevky (M. D. or other) M.D.

Address 3155 No. VANDEVENTER Date signed 5/15/47

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-24-42

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 E. 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.