

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18610
Registrar's No. 5306

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3858a SULLIVAN AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community MISSOURI (LIFE) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MARTIN R. BEYER
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRIEDA BEYER 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased MARCH 24th, 1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation PATROLMAN

11. Industry or business SAINT LOUIS POLICE DEPARTMENT

MOTHER FATHER

12. Name UNKNOWN 7
13. Birthplace " 7
14. Maiden name UNKNOWN
15. Birthplace " 7

16. (a) Informant MRS. FRIEDA BEYER (b) Address 3858a SULLIVAN AVENUE

17. (a) BURIAL (b) Date thereof MAY 29th, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDEN'S CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ (b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) MAY 28 1947 (b) J. F. Buseck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3858a SULLIVAN AVENUE 9
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26h year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from November 1945 to May 26, 1947 that I last saw him alive on May 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident Duration 1 hr

Due to Hypertension F

Due to

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

23. Signature Arthur Gundlach (M. D. or other) M.D. Address 220 2 University St. Date signed 5/27/47

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 *John A. Mlinar*
Licensed Embalmer No. *4186*
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.