No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 39433
Registrar's No. 10440

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 18 Days (Specify whether years, months or days)
In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 17
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 3902 Lafayette St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country:

3. (a) PRINT FULL NAME: BEIER, Theresa Marcella
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White 2
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Adolph
6. (c) Age of husband or wife if alive: Dec'd years
7. Birth date of deceased: January (Month) 31 (Day) 1905 (Year)

8. AGE: Years 42 Months 9 Days 8 If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Austria-Hungary (State or foreign country) 4
10. Usual occupation: Cook
11. Industry or business: Resturant
MOTHER FATHER
12. Name: Joseph Holzschuh
13. Birthplace: Austria-Hungary (City, town, or county) (State or foreign country) 4
14. Maiden name: Elizabeth Kramer
15. Birthplace: Unknown (City, town, or county) Austria-Hungary (State or foreign country) 4
16. (a) Informant: Gertrude Arbeiter
(b) Address: 3902 Lafayette St. Louis, 10
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-'47 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: J. L. Ziegenhein & Sons
(b) Address: 7027-Gravois Ave. St. Louis, 16
19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: November day: 9
year: 1947 hour: 2:30 PM minute: M.
21. I hereby certify that I attended the deceased from: 10-20-47, 19..., to: 11-9, 1947
that I last saw h. alive on: 11-9-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tetanus	8 days
Due to: Post operative supra vaginal hysterectomy	17 days
Due to: Fibroid uterus	S
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: multiple fibroids of uterus
Of autopsy: none of significance

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury:
23. Signature: W. R. Gum (M. D. or other) MD
Address: 2227 S Broadway Date signed: 11-10-47

Jefferson City Printing Co. (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 W. L. Peterson

Licensed Embalmer No. 3637

P. O. Address 7027 [illegible]

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.