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 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

20660

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5582

**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: City Hospital 0
(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 Missouri (b) County St. Louis

(c) City or town Pine Lawn 91
(If outside city or town limits, write "RURAL")

(d) Street No. 6206 Greyling Drive 47
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME LOUIS L. BEUER. ~~Charles Beuer~~

3. (b) If veteran, name war No

3. (c) Social Security No. ?

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Tille Beuer

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

7. Birth date of deceased Nov. 1, 1871.
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 7 | 18 | hr. min. |

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry Beuer
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth ?
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Kate Schuchmann
(b) Address 6206 Greyling Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JUN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 19
year 1948 hour 2 minute 32 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Broncho pneumonia - | |
| Due to: Arteriosclerotic heart disease c decompensation + auricular fibrillation | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Uremia - Senile arterio-sclerotic nephro sclerosis | |
| Major findings: Of operations: and Senile psychosis depressed + agitated | |
| 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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD

Address 1515 La Fayette St Date signed 6-19-48

(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 Albert E. Happe

Licensed Embalmer No. 2971

P. O. Address.....

**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.**