

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Park Lane Hospital
(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

3: (a) PRINT FULL NAME Martha Beuer
3. (b) If veteran, name war No | 3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Oscar J. Beuer | 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 26 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace Dent Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Abraham Story
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Artemus Thompson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Karr
(b) Address 5656 Janet

17. (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 20 1948 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Mineral Point
(If outside city or town limits, write "RURAL")
(d) Street No. W.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month June day 18
year 1948 hour 12 minute 45 AM.
21. I hereby certify that I attended the deceased from June 14
_____, 19____, to June 17, 1948 19____;
that I last saw her alive on June 17th 1948 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr- Cholecystitis Duration ?
Chr- Cholelithiasis ?
Stone in common duct- causing
block 5- Days
Generalized jaundice 5-Days
Due to Peritonitis with Abd-distention 5-Da.
Myo-Carditis decompensated ?

Other conditions (Include pregnancy within 3 months of death)
Obese- senile
Major findings: 93
Of operations _____
Of autopsy No.

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)
(c) Means of injury _____
23. Signature Luigi B. Finon (M. D. or other) _____
Address 3734- Jennings Road Date signed _____

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. W. Wilkinson

Licensed Embalmer No. 3575

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.