S. No. 300
Rev. 10.48

15

Coroner

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9796

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2316

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3612 Gravois Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 099
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17
d. STREET ADDRESS (If rural, give location): 3657 Bates St. 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sidney
b. (Middle): A.
c. (Last): Beile

4. DATE OF DEATH (Month) (Day) (Year): 3/11/49

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: June 9, 1892

9. AGE (In years last birthday): 56 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realestate Salesman

10b. KIND OF BUSINESS OR INDUSTRY: A.J. Meyer R.E. Co.

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Frank Beile

13b. MOTHER'S MAIDEN NAME: Anna Hickel

14. NAME OF HUSBAND OR WIFE: Adelaide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 493-03-4893

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Adelaide Beile--3657 Bates St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) 9 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 350 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Joseph M. Lemmi Deputy Coroner

23b. ADDRESS: 130 Clark

23c. DATE SIGNED: 3/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/14/49

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

DATE REC'D BY LOCAL REG.: MAR 19 1949

REGISTRAR'S SIGNATURE: Jos. Sasata

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wacker-Weldcke 3634 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Robert C. Wheeler

Signed .....
Student Embalmer

Licensed Embalmer No. 2128

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.