

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9797
Registrar's No. 2201

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2201</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		b. COUNTY <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4852 SAN FRANCISCO AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>4852 SAN FRANCISCO AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>		b. (Middle) <u>A.</u>		c. (Last) <u>BEIMDIEK</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7TH 1949</u>	
9. AGE (In years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SIMMONS HOWE Co.</u>		8. DATE OF BIRTH <u>AUG. 24TH 1870</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>STEPHEN S. BEIMDIEK</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE SCHULTE</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA S. BEIMDIEK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA S. BEIMDIEK, 4852 SAN FRANCISCO AVE.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension & arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral accident due to hypertensive arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>many years</u> <u>14 mo</u> <u>many years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>7 Mar</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7 Mar</u> , 19 <u>49</u> , and that death occurred at <u>555 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Newman, M.D.</u>				23b. ADDRESS <u>3633 N. Newland</u>		23c. DATE SIGNED <u>9 Mar 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Missouri</u>	
DATE REC'D BY, LOCAL REG. <u>MAR 9 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD.</u>			

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

mt

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.....
Student Embalmer

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.