

FILED FEB 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5137

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MERAMEC</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GLENDALE 4651</b>	
c. LENGTH OF STAY (In this place) <b>1 yr. 2 mo. 12 day</b>		d. STREET ADDRESS (If rural, give location) <b>1300 KIRKHAM</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INF.</b>			

3. NAME OF DECEASED a. (First) <b>ERNST</b> b. (Middle) <b>F</b> c. (Last) <b>BEYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 15 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>7/5/1871</b>	9. AGE (In years last birthday) <b>79</b>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>7 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKBINDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRINTING SHOP</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>EMIL BEYER</b>		13b. MOTHER'S MAIDEN NAME <b>MITTENS SUREI</b>		14. NAME OF HUSBAND OR WIFE <b>LATE KATHERINE BEYER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Brother Caschel, Eureka, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SENILE BRONCHIAL</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>4222</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PNEUMONIA, CARDIAC</b>			
		DUE TO (c) <b>INSUFFICIENCY</b>			
		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 <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 **1/6**, 19**50**, to **2/12**, 19**51**, that I last saw the deceased alive on **2/14**, 19**51**, and that death occurred at **2:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>4323 ROLAND DRIVE</b>		23c. DATE SIGNED <b>2/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>FEB 18, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>DE SOTO, MO.</b>	

DATE REC'D BY LOCAL REG. <b>Feb 17/51</b>		REGISTRAR'S SIGNATURE <b>Ruth Jursa 438</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KRIEGSHAUSER 4228 SKINGS HIGHWAY</b>	
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MAR 11 1951

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 2-20-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stoverand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.