

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14043**
Registrar's No. **2402**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2402	
1. PLACE OF DEATH Firman Desloge Hosp. a. COUNTY St. Louis Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood Mo.		4673	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firman Desloge Hospital				d. STREET ADDRESS (If rural, give location) I034I Manchester Rd.			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Christina		c. (Last) Beyersdorfer	
4. DATE OF DEATH		(Month) March		(Day) 12		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 27, 1863	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR 8 Months 14 Days		IF UNDER 2 HRS. 14 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bunker Hill Illinois	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hugh Connelly			13b. MOTHER'S MAIDEN NAME Mary Carroll			14. NAME OF HUSBAND OR WIFE A. Beyersdorfer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rev. A. Beyersdorfer ADDRESS Indianapolis In			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In right hip; Arterio sclerosis when she fell at St Agnes		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Home Kirkwood Mo					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) July 13, 1952 assault					
II. OTHER SIGNIFICANT CONDITIONS 655 phr		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 125 Accident					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69047-21			
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 230 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Patricia E. Taylor (Degree or title) Carener				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.13.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 15, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) Bunker Hill Illinois (State)	
DATE REC'D BY LOCAL REG. MAR 13 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. H. B. Blage		ADDRESS 6536 Clayton Rd.	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed

John J. Lavin

Licensed Embalmer No.

4108

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.