

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11241**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2911**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			d. STREET ADDRESS (If rural, give location) 4238 Wyoming St.			
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST		b. (Middle) G.	c. (Last) BEYERSDORFER		4. DATE OF DEATH (Month) (Day) (Year) Mar. 16 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1905		9. AGE (In years last birthday) Months Days 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Syrup Maker-Velvet Freeze Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME George Beyersdorfer		13b. MOTHER'S MAIDEN NAME Paul Bornhouser		14. NAME OF HUSBAND OR WIFE Verna Beyersdorfer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verna Beyersdorfer 4238 Wyoming 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction due to Post-operative adhesions. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sliding hernia.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 3-12-53		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction			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? 5705			
22. I hereby certify that I attended the deceased from 3-10-1953, to 3-16-1953, that I last saw the deceased alive on 3-16-1953, and that death occurred at 8:00A.M., from the causes and on the date stated above.						
23a. SIGNATURE <i>J. Earl Smith, M.D.</i>		(Degree or title)	23b. ADDRESS 4930 Lindell St. Louis, Missouri		23c. DATE SIGNED 3-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 19, 1953	24c. NAME OF CEMETERY, OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 17 1953 <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>		ADDRESS 4228 S. Kingshighway Bl		

(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 *Edwin A. M. Bennett* \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. *3024* \_\_\_\_\_

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.