

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15352**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3252 Registrar's No. 98

0923
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN St. Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION 736 Adams St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 736 Adams St.		0923	
3. NAME OF DECEASED (Type or Print) EMILIE		a. (First) EMILIE	b. (Middle) BEIMDIEK
c. (Last) BEIMDIEK		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 10, 1875
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry W. Beimdick	
13b. MOTHER'S MAIDEN NAME Louise Sirk		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT'S SIGNATURE; OR NAME ADDRESS Alma Beimdick, 736 Adams, St. Charles, Mo.

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)		acute congestive heart failure		1 WK	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		2 yrs	
DUE TO (b)		Hypertensive CVD		3 yrs	
DUE TO (c)		gen arterio sclerosis			
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) 443X	
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 **6-19-51**, to **4-21-53**, that I last saw the deceased alive on **4-21-53**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. Beimdick		(Degree or title) MD		23b. ADDRESS St. Charles, Mo	
23c. DATE SIGNED April 22, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1953	
24c. NAME OF CEMETERY OR CREMATORY Freibens Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			

DATE REC'D BY LOCAL REG. April 24 1953		REGISTRAR'S SIGNATURE Louise Hamilton		FUNERAL DIRECTOR'S SIGNATURE Hackmann-Bauer	
				ADDRESS St. Charles, Mo.	

EXPIRES 8 1 1933

JUL 27 1933

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..

Student.....
Signature of Student Embalmer

Signed *Clarence M. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.