

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17077**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4150**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) JOHANNA		c. (Last) BEIFFUSS	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) 5/6/54	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH AUG. 24 1878
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 6 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). NONE	10b. KIND OF BUSINESS OR INDUSTRY. NONE	11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA	12. CITIZEN OF WHAT COUNTRY? 4
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ANDREW BEIFFUSS (DEC'D)		17. INFORMANT'S SIGNATURE OR NAME ANN M. ZULAUF	
15. UNDECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. ADDRESS 5729 NOTTINGHAM		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Diffuse bilateral broncho pneumonia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Diffuse bilateral broncho pneumonia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
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? 332X	
22. I hereby certify that I attended the deceased from Jan. 1 , 19 54 , to May 6 , 19 54 , that I last saw the deceased alive on May 6 , 19 54 , and that death occurred at 6:55p m., from the causes and on the date stated above.			
23a. SIGNATURE John H. McNeohan M.D.		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 5/7/54		24. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 10 1954	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
DATE REC'D BY LOCAL REG. MAY 8 1954	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Pearson	

STATE OF MISSISSIPPI

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.....
James C. Dill

Licensed Embalmer No. 434

P. O. Address 2906 Elm

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.