

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44171**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2954**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) D.O.A.	c. CITY OR TOWN Castlewood d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Co., Hosp.		e. STREET ADDRESS (If rural, give location) R.R. 1, Ballwin, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Russell	b. (Middle) M.	c. (Last) Beyerback	4. DATE OF DEATH (Month) (Day) (Year) 12/21/54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5/10/1907	9. AGE (In years last birthday) Months Days Hours Min. 47 yrs
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - St. Louis Co. High. Dept.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis H. Beyerbach	13b. MOTHER'S MAIDEN NAME Kathryn Meisner	14. NAME OF HUSBAND OR WIFE none
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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. 487-18-4246	17. INFORMANT'S SIGNATURE OR NAME Kathryn Beyerbach	ADDRESS 6143 Wanda Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal burns and shock. The deceased was found in his cabin, known as Kelly's Cabins in Castlewood, lying on his bed which was on fire.		
	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.		E9164 40	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cabin	21c. (CITY, TOWN, OR TOWNSHIP) Castlewood (COUNTY) St. Louis (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) p 12/21/54 1:00 p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burned to death when bed caught afire on which he was
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22. I hereby certify that I attended the deceased from **sleeping**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest R. Dombke (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 12/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. 12-22-54	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur	ADDRESS 3125 Lafayette Ave.
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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.....

Licensed Embalmer No.....

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