.5. No. 300
EV. 10.48

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (in this place): 5 yrs 2 1/2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maplewood Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD 4578
d. STREET ADDRESS (If rural, give location): 2200 Bredell Maplewood, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): Louis
c. (Last): BEUMER

4. DATE OF DEATH (Month) (Day) (Year): JAN 23, 1957

5. SEX: M

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec 21 1885

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months: 1 Days: 2
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman - Standard Oil Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): New Melle Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George BEUMER

13b. MOTHER'S MAIDEN NAME: Nadler (Emily)

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Edw H Beumer
ADDRESS: 6462 Delmar Blvd St. Louis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, left lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Convulsions, type and cause indet. — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4200

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1951, *to* Jan 23, 1957, *that I last saw the deceased alive on* JAN 23, 1957, *and that death occurred at* 6:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James B Jones
(Degree or title): M. D.
23b. ADDRESS: 337 W. Lockwood Ave Webster Groves 19, Mo.
23c. DATE SIGNED: 1-24-57

24a. BURIAL, CREMATION, REMOVAL:
24b. DATE: 1-26-57
24c. NAME OF CEMETERY OR CREMATORY: LUTHERAN CEMETERY
24d. LOCATION (City, town, or county) (State): AUGUSTA MO.

DATE REC'D BY LOCAL REG.: 1-25-57
REGISTRAR'S SIGNATURE: Herbert B. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE: Morris Muschany
ADDRESS: Wentzville Mo

(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.

Student _____
Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.