DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033579

STATE FILE NUMBER

FILED VS OCT 15 1959

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9095

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 65 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4945 Oleatha
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4945 Oleatha
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: KATHERINE Middle: Last: BEYER
4. DATE OF DEATH: Month: October Day: 2 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/19/88
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Ready to Wear
11. BIRTHPLACE (City and state or country): Millstadt, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Hinton
13b. MOTHER'S MAIDEN NAME: Anna Jung
14. NAME OF HUSBAND OR WIFE: Rev. Edwin Beyer
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.:
17. INFORMANT: Mrs. Edna Kriegshauser
Address: 4705 Hamburg (23)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart dis
INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1958, to 10/2/59 and last saw her/him alive on 10/2/59
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Ralph Berg MD
22b. ADDRESS: 3203 S. Grand
22c. DATE SIGNED: 10/3/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F.H.Inc, 1936 St. Louis
25. DATE RECD. BY LOCAL REG.: OCT 5 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.