

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017696

FILED VS APR 22 1960

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1291 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland	Length of stay in 1b 1 wk.	c. CITY OR TOWN University City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Overland Restorium		d. STREET ADDRESS (If outside, give location) 6726 Crest Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MISS OTHILIA Middle NMN Last BEYER	4. DATE OF DEATH Month April Day 19, Year 1960
--	--

5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/3/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------	---------------------------	--	-----------------------------------	----------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse	10b. KIND OF BUSINESS OR INDUSTRY General Electric	11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME William Beyer	13b. MOTHER'S MAIDEN NAME Ernestine Dickert	14. NAME OF HUSBAND OR WIFE None
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. 490-01-5429	17. INFORMANT Address Miss Julis Beyer 6726 Crest (30)
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 60 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arterio Sclerotic Disease		60 days
	DUE TO (c)		

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **Mar 5-1960** to **April 19-1960** and last saw her **April 18-1960** alive on **April 18-1960**.
 Death occurred at **7:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Wagner M.D.	22b. ADDRESS University City Mo.	22c. DATE SIGNED April 19-1960
---	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail	23b. DATE 4/21/1960	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.
--	-------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 4-20-60	26. REGISTRAR'S SIGNATURE John Murphy M.D.
---	--	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

University of Virginia
 Charlottesville, Virginia
 April 10, 1938
 General Electric Placement Hill, No. 1
 William Bever
 Retired Nurse
 400-01-2428
 10/3/1876
 1030 Great Crest (30)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *J. E. McMillon*
 Licensed Embalmer No. 2763
 P. O. Address 6170 P.O.

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