

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17113**
Registrar's No. **4591**

JUN 15 1940 791

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3252 Longfellow Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ida Beims

3. (b) If veteran,
name war *****

3. (c) Social Security
No. *****

4. Sex Female
5. Color or race White

6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife
Edmund W. Beims

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 14 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 8 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Anhueser

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frances Lange
(City, town, or county) (State or foreign country)

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alvin A. Moore

(b) Address 3252 Longfellow Blvd

17. (a) Burial (b) Date thereof May 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

(a) MAY 24 1940
(Date received local registrar)

(b) J. F. [Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd, day May
year 1940 hour 4:200 minute At M.

21. I hereby certify that I attended the deceased from May 9th
1940, to May 22nd, 1940
that I last saw him alive on May 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myocardial Failure
Recent Coronary Occlusion
Due to Chronic Arterial Hypertension

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations _____

Of autopsy none Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Raymond J. Barnes (M. D. or other) _____
Address 634 No. Grand Date signed 5/23/40

FEB 25 1942

As R. J. Barnes
was Thelma Reed
376 500

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 2245

P. O. Address St. Louis 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, above space should be left blank.