

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis**

No. **Christian Hosp**

File No. **31725**

Registered No. **9381**

St.

Ward)

2. FULL NAME **Arthur R. Beimes**

(a) Residence. No. **4432 Ashland**

St., **10**

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Addie Beimes

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 21, 1883

7. AGE

47

1

80

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Inspector Dept of Weights & Measures

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

City of St Louis

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis Mo

PARENTS

10. NAME OF FATHER

Fredrick H Beimes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis Mo

12. MAIDEN NAME OF MOTHER

Anna W. Walters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis Mo

14.

INFORMANT

(Address)

Mrs Addie Beimes

4432 Ashland

15.

FILED

19

SEP 30 1935

W. C. Harkley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from **Sept 24**, 19**30** to **Sept 29**, 19**30**, that I last saw him alive on **Sept 29**, 19**30**, and that death occurred, on the date stated above, at **9:07 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforative gastric carcinoma
4 1/2 yrs (duration) yrs. mos. **4** ds.

CONTRIBUTORY (SECONDARY)

Carcinoma Stomach
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

4432 Ashland

DID AN OPERATION PRECEDE DEATH

yes DATE OF **9/26/30**

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

Labatory

(Signed)

Arthur S. Smith M. D.

739, 19 **30** (Address)

2606 University St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellefontaine

Sept 1 1930

20. UNDERTAKER

ADDRESS

Kron & Co

2707 N Grand

N. E.—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.

