

**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
1003

Township.....

Primary Registration District No. Lutheran Hospital

City St. Louis Mo.

File No. 23350
Registered No. 6826
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 3843^A Humphry St., 16 Ward.

(Usual place of abode) (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 Female 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 George Beilstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 5 | 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife 2:35
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John Beilstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mr. Geo. Beilstein
(Address) 3843^A Humphry St

15. FILED JUN 22 1931 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1931

17. I HEREBY CERTIFY, That I attended deceased from June 16 1931, to June 22 1931, that I last saw her alive on June 22 1931, and that death occurred, on the date stated above, at 6:28 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis - chr.
9:30
11:10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septic Pneumonia
#103 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Jervis Hullett, M. D.

(Address) 3400 Carey

*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 St Peters Cem DATE OF BURIAL June 24 1931

20. UNDERTAKER E. J. Schuur ADDRESS 3125 Lafayette av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

