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.

OCT 11 1934

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

Do not use this space.

34610

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9418

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3852 Juniata St. ..... Ward)

2. FULL NAME Theresa D. Beiser

(a) Residence, No. 3852 Juniata 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1862

7. AGE YEARS 72 MONTHS 3 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Geo. Bediginat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Laura K. Beiser 3852 Juniata

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Sept 27 1934

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 S Broadway

20. FILED SEP 26 1934, 19 J. T. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1934, to 9-24, 1934

I last saw her alive on 9-24-34, 19 ..... Death is said to have occurred on the date stated above, at 9 45 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Disease
Cardiac Hypertrophy
Myocarditis chronic
92 A
93 C

Other contributory causes of importance:

95 B

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Philip Schuck, M. D.

(Address) 1703 S Grand