

NOV 18 1937

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

Do not use this space.

37976

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Crystal City (No. St. Ward)

Registration District No. 421
Primary Registration District No. 5575A

File No.
Registered No. 85

2. FULL NAME Fredrick Wm. Beimdiek

(a) Residence, No. Crystal City No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Tina Beimdiek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar., 13, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 24

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

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

10. Date deceased last worked at this occupation (month and year) Nov., 1935 11. Total time (years) spent in this occupation.....

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

13. NAME Steven Beimdiek

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

15. MAIDEN NAME Minnie Schulte

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

17. INFORMANT Mrs. Tina Beimdiek (ADDRESS) Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 10/11/37

19. UNDERTAKER Duester - Vinyard (ADDRESS) Festus Mo.

20. FILED Oct. 12 1937 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1937 to Oct 7 1937
I last saw him alive on October 6, 1937 Death is said

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
unknown

Other contributory causes of importance:
59
Nephritis Chronic
Arterio Sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Chlorine Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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? No
If so, specify.....
(Signed) Stanley Gasket M. D.
Festus Mo. (Address)

WRITE PLAINLY WITH UNFAILING 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.

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42
1

