

REC'D JUN 9th 1938

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

16664
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township St. Louis
(c) City
(d) Street No. City Hospital No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 2095

2. PRINT FULL NAME

Selma Beyer
(a) Residence, No. 3400 South Grand St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Germany

FATHER 13. NAME UNKNOWN Eberlein

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul DATE May 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister Und. Co.
7814 S. Bray, St. Louis, Missouri

20. FILED MAY 17 1938 J. F. Bricker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/13/38, 19, to 5/16/38, 19.

I last saw her alive on 5/16/38, 19. Death is said to have occurred on the date stated above, at 12.30 a.m.

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

Lobar
Pneumonia
Date of onset

Other contributory causes of importance: MC

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

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?
If so, specify

(Signed) Richard P. Veith, M. D.
(Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

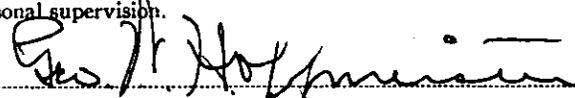
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

George W. Hoffmeister

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. 2426

P. O. Address 7814 S. B'way, St. Louis

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.