

REC'D JAN 11 1939

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

41579  
Do not use this space.

1. PLACE OF DEATH

(a) County.....2 Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 3152a Arsenal St.  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11274

2. PRINT FULL NAME Theresa Beiser

(a) Residence, No. 3152a Arsenal St. 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 (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Beiser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1862  
7. AGE YEARS 76 MONTHS 93 DAYS 26 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) 0

FATHER 13. NAME John Koenig

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Elizabeth Bach 1

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 5

17. INFORMANT Gus Beiser & Bill Seymour (ADDRESS) 3150 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE Dec. 31, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 So. Broadway

20. FILED DEC 31 1938 J. D. Bredichs Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1938, to Dec. 28, 1938  
I last saw her alive on Dec. 28, 1938. Death is said to have occurred on the date stated above, at 12:10a.m.  
The principal cause of death and related causes of importance were as follows:

lobar pneumonia  
108  
Date of onset  
Other contributory causes of importance: sunlight

Name of operation..... 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.....  
(Signed) Robert S. Nye M. D.  
(Address) 3201 Arsenal St

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**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, .....

*Robert Wheeler*

....., or by .....

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

Signed.....

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis Mo.*

**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.**