REC'D MAY 10 1939

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

791
1003

12924
Do not use this space.

3266

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City or Town: ST. LOUIS, MO. (d) Street No. CITY HOSPITAL # 1. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 WILLIAM C. BEILE

(a) Residence, No. 3301 TEXAS St. 24
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILLIAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 14, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CREDIT MGR.

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) FEB. 12, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

FATHER

13. NAME CHARLES BEILE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 51

MOTHER

15. MAIDEN NAME ALVINA KRUEGER 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

17. INFORMANT (ADDRESS) Mrs Nellie O'Neill 4353 Miami 6

18. BURIAL, CREMATION, OR REMOVAL

PLACE NEW ST MARCUS DATE 4/8/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) OSCAR J. HOFFMEISTER 4016 CHIPPEWA ST.

20. FILED APR 7 1939 J. F. Budde Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 6-30 19..... Death is said to have occurred on the date stated above, at 6 A.m.

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

Cancer of Liver, Bladder and Lungs, Hardened Thrombosis of Brain Stroke Left side of Body at City Hospital #1

Date of onset

Other contributory causes of importance:

While confined to the hospital

Time and Date of Fall Unknown

Name of primary lesion (Bladder)

What test confirmed diagnosis? Urinary Was there an autopsy? Yes

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

Accident, suicide, or homicide? Accident Date of injury 19

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

Specify whether injury occurred in industry, in home, or in public place. 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) Alfred Berry M.D.

(Address) Wyatt Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

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

X16603

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin A. Lesbinger

Licensed Embalmer No. 4029

P. O. Address 4016 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.