

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 11 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24051

State File No.

6324

Registration District No.

791  
1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: 3313 N. 19th St.  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Margaretta Beierkuhnlein 625

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John Beierkuhnlein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 12th, 1849.

8. AGE: Years 90 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany

10. Usual occupation housewife

11. Industry or business John Stucker

12. Name Germany

13. Birthplace Not known

14. Maiden name Germany

15. Birthplace Germany

16. (a) Informant's own signature Valentine Kessler

(b) Address 3313 No. 19th St.

17. (a) Burial (b) Date thereof July 19th, 1939

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 No. 14th St.

19. (a) JUL 18 1939 (b) J. F. Buder

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County \_\_\_\_\_  
(c) City or town St Louis  
(d) Street No. 3313 N. 19th St  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1939 hour 9:59 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 1936 to July 16 1939

that I last saw her alive on July 15 1939 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis

Due to Senility

Due to Age

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Jos Kessler (M. D. or other) \_\_\_\_\_

Address 1306 1/2 N. 14th Date signed 7-17-39

**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.....

Licensed Embalmer No. *1391*

P. O. Address. *4106<sup>th</sup> B. Terrace*

**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.**