No. 2
11-10-39
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X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILE JUN 1 0 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19614

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1038

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6407 Chatham Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits write "RURAL")

(d) Street No. 6407 Chatham Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 64 Years years.

3. (a) PRINT FULL NAME PIUS (PIERCE) BEYER. 600

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen Beyer.

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased November 12, 1864.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	17	____ hr. ____ min.

9. Birthplace ? (City, town, or county) Germany. 6 (State or foreign country)

10. Usual occupation retired. 6

11. Industry or business

FATHER
12. Name Dont know. 6
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace ? (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Miss Effie Beyer.
(b) Address 6407 Chatham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-1940. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAY 31 1940 (Date received local registrar) (b) R R Meyer MD Dept (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th.
year 1940 hour 3. minute 10 Am M.

21. I hereby certify that I attended the deceased from Oct 7, 1938, to May 29, 1940
that I last saw him alive on May 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Interstitial nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 131

Major findings:
Of operations no

Of autopsy no

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 (Specify type of place)
While at work? (e) Means of injury

23. Signature D. A. Thomson (M. D. ~~or other~~)
Address 3121 N Grand Bl Date signed 5/29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. A. Thompson.
3121 N. Grand.
2 to 4 Fr. 1244

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 3454 David C. Gibson, Registered Apprentice No. _____ working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton, St.

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

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