

791

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peacecess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1515th PALM ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S. BORN. years.

3. (a) PRINT FULL NAME William Beumer

3. (b) If veteran, name war - 3. (c) Social Security No. ALONE

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

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 26 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bricklayer

11. Industry or business

12. Name Henry Beumer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Finke

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Beumer

(b) Address 1515th Palm St.

17. (a) Burial (b) Date thereof Dec. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Anders Waden Jensen

(b) Address 436 St. Francois

19. (a) DEC 28 1940 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 27th
year 1940 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1940, to Dec 27, 1940
that I last saw him alive on Dec 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 10 days

Due to Acute Pyelitis 14 days

Due to Hypertrophied Prostate years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Prostatotomy by Dr. J. Paetline on Dec 11-1940 PHYSICIAN Underline the cause to which death should be charged statistically.
Of operations -
Of autopsy -

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? _____

(e) Means of injury _____ (Specify type of place) _____

23. Signature A. P. Shupley (M. D. or other) _____

Address 1020 Mrs. White Bldg Date signed 12-27-40

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.

P. O. Address.....

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, fact should be so stated above.