

Filed AUG 6 1942 791

Primary Registration District No. 1003

Registrar's No. 6363

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4935 Columbia Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County COO

(c) City or town St. Louis 13 1/2
(If outside city or town limits, write "RURAL")

(d) Street No. 4935 Columbia Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Marie M. Beehler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife J. Frank Beehler 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 22nd., 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>3</u>	<u>5</u>hr.min.
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9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Joseph Kamp

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

14. Maiden name Unknown

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

16. (a) Informant Mr. J. Frank Beehler

(b) Address 4935 Columbia Ave.

17. (a) Burial (b) Date thereof 7-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) J. F. Beehler (Registrar's signature)
(Date read and declared) (Date signed)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th. year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 7-27-42 to 7-27-42, 1942; that I last saw her alive on 7-27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Systemic 300+

Other conditions 88 N
(Include pregnancy within 3 months of death)

Major findings: Of operations 87

Of autopsy 87

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, or industrial place, in public place?.....

While at work? no (Specify type of place).....

(e) Means of injury 10

23. Signature J. S. Shuck (M. D. or other).....

Address 2500 S. Kingshighway Date signed 7-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DR. J. S. SHEETS
1-30
2500 S. Kingshighway Blvd.
Rm.

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.