

FILED OCT 14 1942  
Registration District No. **348**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5431 Thrush Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME William G. Beyer  
(b) If veteran, name war None (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida O. Beyer nee Holmes 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased February 12, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 17 hr. \_\_\_\_\_ min.

9. Birthplace Unknown Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Millwright

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Beyer  
13. Birthplace Unknown Germany #  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany #  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida O. Beyer  
(b) Address 5431 Thrush Ave

17. (a) Burial (b) Date thereof 10/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) OCT 2 1942 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5431 Thrush Ave  
(If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th  
year 1942 hour 3:30 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 27, 1936  
19. to 9-29-42 19. \_\_\_\_\_  
that I last saw him alive on 9-27-42 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death arterial hypotension

Due to chronic embolization

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g/s  
Of autopsy \_\_\_\_\_

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

23. Signature Math Hermann & Son (M. D. or other) M.D.  
Address 507 1/2 N. Union Date signed 10-1-42

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

#8

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**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

**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.**