. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8720

State File No.

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2463

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:
3130a Fair Ave 1
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3130 a Fair Ave. 10
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annie Marie Beile

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John

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

7. Birth date of deceased Feb 8, 1859 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired House Wife

11. Industry or business

FATHER
12. Name Fredrick Gortz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Velma Jordan
15. Birthplace (City, town, or county) Holland 4 (State or foreign country)

16. (a) Informant Fred Beile
(b) Address 5375nReber Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Jay B. Smith.
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) MAR 14 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Death~~ day ~~20~~ 13 WHW
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20, 1944, to March 13, 1944
that I last saw her alive on March 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arteriosclerosis

Due to

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. White (M. D. or other) M.D.

Address 803 N. Emphighway Date signed 3-13-44

(Licensed Embalmer's Statement on Reverse Side)

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

, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.