

FILED JUN 24 1944
Registration District No. 377

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 Midland 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

3. (a) PRINT FULL NAME Samuel H. Beyer
3. (b) If veteran, name war _____ 3. (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 Hilda
6. (c) Age of husband or wife if alive about 45 years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years About 48 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Boston Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist
11. Industry or business Anheuser - Busch

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

16. (a) Informant Stanley Beyer
(b) Address 912 Midland

17. (a) Removal (b) Date thereof 6/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boston, Mass

18. (a) Signature of funeral director Herman Pundak
(b) Address 5216 Delmar Blvd.

19. (a) JUN 21 1944 (b) E. S. McHannan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Midland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1944 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion Duration _____

Due to Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 _____
Signature Dr. Paul Wassman (M. D. or other) _____
Address St. Louis County Health Dept Date signed 6/21/44

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

8-43
17-39
X37823

96
3
5

0

94a

2
4

107

75

OCT 2 1943

JUN 24 1944

JUN 30 1944

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..... *John Ketter*
Licensed Embalmer No. *3880*
P. O. Address..... *4355 Washington*

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.