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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39147

FILED JAN 5 1945 Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10951

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days 0 (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 17

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

(d) Street No. 3908 Gustine
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Elsa Beiser

3. (b) If veteran, name war -----

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Philip Beiser

6. (c) Age of husband or wife if alive 60 yr years

7. Birth date of deceased January (Month) 18, (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	3	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Albert F Schroeter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Linna E. Guenther
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Philip Beiser
(b) Address 3908 Gustine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) DEC 23 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 21st
year 1944 hour 3 pm minute — P M.

21. I hereby certify that I attended the deceased from Dec 11, 1944 to Dec 21, 1944
that I last saw her alive on Dec 21, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	6 days
Due to Chronic Asthma	4 mos.
Due to	4
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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 [illegible] (M. D. or other)
Address 3903 Olive St. Date signed Dec 22 44

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. W. Soper
3902 Olive
9-12:00

OCT 28 1947

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.