

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

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. 2320 Franklin Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Barbara Beer
 (b) If veteran, name war -----
 (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th
 year 1945 hour 5:05 minute P. M.
 21. I hereby certify that I attended the deceased from 1/8/45
 19..... to 1/15/45, 19.....
 that I last saw her alive on 1/15/45, 19.....
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased: May 26 1887
(Month) (Day) (Year)

Immediate cause of death Pneumonia
 Duration 2 days
 Due to.....
 Due to.....
 Other conditions Ca of return E. fecal bacteria
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>19</u>	hr. min.

Major findings:
 Of operations no op.
 Of autopsy not performed
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

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 M. Hara (M. D. or other)
 Address 1515 Lafayette 1/16/45 signed

MOTHER FATHER {
 11. Industry or business.....
 12. Name Martin Schmeikel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara Strejc
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant George Peters
 (b) Address 2200 Indiana Ave.
 17. (a) Burial (b) Date thereof 1/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Picker
 18. (a) Signature of funeral director Wm. E. Moydell
 (b) Address 1926 Allen Ave.
 19. (a) JAN 17 1945 (b) J. T. Budick
(Date received by registrar) (Registrar's signature)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.