

S. No. 2  
A-12-45  
v. 5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28430

State File No. \_\_\_\_\_

**FILED** SEP 8 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7496**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **ST. LOUIS, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**LUTHERAN HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether \_\_\_\_\_)

In this community **61 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(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 **PHILIP BEISER**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27**  
year **1946** hour **11:** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **March 16**  
19**46**, to **August 27, 1946**  
that I last saw him alive on **Aug 27** 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** d

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Elsa Schroeter**

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

7. Birth date of deceased **August 18, 1884**  
(Month) (Day) (Year)

Immediate cause of death **Carcinomatosis** Duration **5 mo**

Due to **Carcinoma of stomach** **1 year**

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

8. AGE: Years Months Days If less than one day

62	0	9	_____ hr. _____ min.
----	---	---	----------------------

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

Major findings: Of operations **H/O**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace **Chicago, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Chief Engineer**

11. Industry or business **Board of Education**

12. Name **Philip Beiser**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Oldendorf**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Christian Guebert**

(b) Address **3908 Gustine**

17. (a) **Burial** (b) Date thereof **Aug. 30, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew Cemetery**

18. (a) Signature of funeral director **Beiderwieden F. H., Inc.**

(b) Address **1936 St. Louis Avenue**

19. (a) **AUG 29 1946** (Date received by registrar)

**J. F. Bredeck** (Registrar's signature)

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 \_\_\_\_\_

3. Signature **Rammsbaum** (M. D. or other) \_\_\_\_\_

Address **3651 Grandel Sq** Date signed **8-27-46**

(Licensed Embalmer's Statement on Reverse Side)

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

27268

OCT 28 1941

Dr. Robt. Nussbaum  
3651 Grandel Square  
12:30 - 3:00 P. M.

**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 *Glen S. Hays* .....

Licensed Embalmer No. *3737* .....

P. O. Address *1936 St. Louis 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.