S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39634

FILED DEC 24 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1399

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Savoy Hotel / 421 So. 6th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 421 So. 6th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Joseph Beyers
3. (b) If veteran, name war None
3. (c) Social Security No. 491-22-8538
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December (Month) 18 (Day) 1886 (Year)

8. AGE: Years 59 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Russia (State or foreign country)
10. Usual occupation Employee
11. Industry or business Star Furniture Co.
FATHER
12. Name Martin Beyers
13. Birthplace Unknown (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Margaret Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Catherine Beyers
(b) Address 3021 Jules St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 12-18-46 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1946 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Viewed Dec 16th, 1946 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
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:
(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 B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG St. Joseph, Mo. Date signed 12/16/46

(Licensed Embalmer's Statement on Reverse Side)

382

41-22-8538

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. Emer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph Mo

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.