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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41954

State File No. _____

Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 3445

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Meramec Sta Rd. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. HIGHLAND AVE.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph C. Beiling

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1946 hour Eight minute 45 A.M.

21. I hereby certify that I attended the deceased from
May 1944 to 12-5- 1946;
that I last saw him alive on 12-5-46, 1946;
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 married

6. (b) Name of husband or wife Clara Beiling

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: Feb. (Month) 11, (Day) 1900 (Year)

Immediate cause of death Coronary heart disease acute

Duration 6 mo

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>9</u>	<u>24</u>	hr. min.

Due to 94a

Due to _____

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

9. Birthplace Evansville, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale meats

11. Industry or business Own business

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wm A. Beiling

13. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise C. Kraemer

15. Birthplace Evansville, Ind.
(City, town, or county) (State or foreign country)

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? 1

16. (a) Informant Mrs. Clara Beiling

(b) Address Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 46
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

23. Signature J. M. Cottingham (Specify type of place) 1
(e) Means of injury

Address Valley Park, Mo.

Date signed 12-5-46

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 12-7-46 (Date received local registrar)

(b) Ralph C. Beiling (Registrar's signature) 755

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

JAN 22 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..... *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address..... *Baltimore, Md*

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.