

S. No. 2
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P. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10548**
Registrar's No. **2789**

Registration District No. **318** Primary Registration District No. **1000**

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:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ **40 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **FREDERICK LEWIS BEYERSTEDT**
3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Stella** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **May 11, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 5 hr. _____ min.

9. Birthplace **?** **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **tool clerk**

11. Industry or business **Emerson Elec. Co.**

12. Name **Edward Beyerstedt**
13. Birthplace **?** **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Stella Beyerstedt**
(b) Address **4150 Juniata Street**

17. (a) **burial** (b) Date thereof **3-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **A. W. McLaughlin**
(b) Address **2301 Lafayette Avenue**

19. (a) **MAR 17 1947** (b) **J. B. Bradick**
(Date received local registrar) (Registrar's signature)

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. **4150 Juniata Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **16th**
year **1947** hour _____ minute **10** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Due to _____
Due to **94**
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration _____
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?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Thomas J. Callahan** (M. D. or other) _____
Address **Corona** Date signed **3-17-47**

(Licensed Embalmer's Statement on Reverse Side)

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

Trans
Coroner

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..... *R W Cooper*
Licensed Embalmer No. *23530*
P. O. Address *2301 Lafayette*

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.