

No. 2  
-12.45  
-17.39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 16 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

29847 ✓  
State File No. \_\_\_\_\_  
Registrar's No. 1666

Registration District No. 3

Primary Registration District No. 10076

Registrar's No. 1666

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>1714</sup> 96

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

(d) Street No Pine Crest Home  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carl L. Beisman

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

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Louise

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

7. Birth date of deceased Jan. 6 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>1</u>	hr. _____ min.

9. Birthplace: Hanover Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation retired grocer

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Germany  
(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 Fred Schulte

(b) Address 2016 Forest Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-9-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave

19. (a) 8-11-47 (Date received local registrar)

(b) Carl A. Shapton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th  
year 1947 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from June 30  
1946 to Aug 7 1947  
that I last saw him alive on Aug 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93d

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

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

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G. J. Merkleman (M. D. or other)

Address 3507 Potomac Date signed 8-8-47

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

---

---

**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

*H. P. Burgess*

Licensed Embalmer No.

4029

P. O. Address.....

**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.**