

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
0

(d) Street No. 2603 Michigan Avenue
Memorial (If rural, give location)

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

3. (a) PRINT FULL NAME LOUIS BEINKER, SR.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Helen Schymanski 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8th, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>8</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1948 hour 8 minute 27 A. M.

21. I hereby certify that I attended the deceased from 9/7/48
19 _____, to Sept. 16th 19 48
that I last saw h im alive on Sept. 16th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cholemia Duration 2 days

Due to Cirrhosis of liver baennec's 2 yrs

Due to _____

Other conditions 1/1/48
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Not permitted

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business Shell Bldg.

MOTHER FATHER { 12. Name Charles A. Beintker

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

{ 14. Maiden name Anna Wahrmann

{ 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Louis Beintker, Jr.

(b) Address 2603 Michigan Avenue

17. (a) Burial (b) Date thereof 9/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) SEP 16 1948 (Date received local registrar)
J. J. Buresch (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? 0

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Harold B. Rapp 1515 Lafayette 9/16/48
Address _____ Date signed _____

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 *Walter Paulson*

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Fair Co.*

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.