S. No. 300
M—10-47
v. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 30843

Registrar's No. 8444

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:
4428 Blair Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
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 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4428 Blair Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise A. Beyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 21, 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation House maid

11. Industry or business

MOTHER FATHER

12. Name Cherles F. Beyer

13. Birthplace Unknown (City, town, or county) Ills. (State or foreign country)

14. Maiden name Mary Buegler

15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mr. George Beyer

(b) Address 4428 Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) SEP 28 1948 (Date received local registrar) (b) J. F. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th year 1948 hour 2:10 P.M. minute M.

21. I hereby certify that I attended the deceased from 25 Feb. 1948, 19, to 27 Sept. 1948, 19; that I last saw h. alive on 25 Sept. 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma liver & lung	3 mos.
Due to Adeno Carcinoma of rectum	10 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adeno Carcinoma of rectum

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 Henry Hoffner (M. D. or other) M.D.

Address 3120 Washington Date signed 28 Sept. 48

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.