

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 37870

FILED NOV 24 1948

318

Registration District No.

1003

Registrar's No.

9837

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 64 yrs. 2mos. 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1423 Farrar St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George A. Beyers

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie Beyers
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 8 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Auto Accessory Dealer

11. Industry or business Auto Accessories

MOTHER FATHER {
 12. Name August Beyers
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Kate E. Kern
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Beyers
 (b) Address 1423 Farrar St.

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
 (b) Address 3934 N. 20th St.

19. (a) NOV 12 1948 (b) J. B. Lasater
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
 year 1948 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 4 1948 to Nov. 10 1948
 that I last saw him alive on Nov. 9 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Tabo-Paresis Duration 10 days
Lues 10 days
Osteo-Sarcoma ? left hip 1 year

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

Major findings: Of operations **PHYSICIAN**
Of autopsy 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 0

23. Signature Frank H. Brug (M. D. or other) _____
 Address 2249 St. Louis ave Date signed 11/11

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

Merville B. Lindhult

Licensed Embalmer No. 3696

P. O. Address 3034 N. 20th ST.

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.