S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25517

BIRTH NO. 8-20-54-48 REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1562

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (In this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 677 BONITA AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): GREGORY
b. (Middle): BERTHOLD
c. (Last): BEYER

4. DATE OF DEATH (Month) (Day) (Year): JULY-1-1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: DEC-15-1948
9. AGE (In years last birthday): —; If under 1 year: Months 6, Days —; If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ST MARYS HOSPITAL
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: AUGUST D. BEYER
13b. MOTHER'S MAIDEN NAME: MARJORIE BERTHOLD
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: August D Beyer
ADDRESS: Webster Groves Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 344X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: R. Wooley (Degree or title) M.D.
23b. ADDRESS: 31 C Hainton Tullos Vl
23c. DATE SIGNED: 1 July 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JULY-2-1949
24c. NAME OF CEMETERY OR CREMATORY: OAKHILL
24d. LOCATION (City, town, or county) (State): KIRKWOOD - MO

DATE REC'D BY LOCAL REG.: 7-2-49
REGISTRAR'S SIGNATURE: [illegible] Ponder MD
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Funeral Home
ADDRESS: Webster Groves Mo
(Licensed Embalmer's Statement on Reverse Side) Goldner

Sw: 1261

16 Hampton [illegible]

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed C. C. Aldrich

Signed ..... Student Embalmer

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.