

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 7213

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 484

1. PLACE OF DEATH a. CITY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 Providence</u>		e. STREET ADDRESS (If rural, give location) <u>811 Providence</u>	
3. NAME OF DECEASED a. (First) <u>ELSIE</u> b. (Middle) <u>BEYER</u> c. (Last) <u>BEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-22-1887</u>
9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 MONTH <u>0</u>	# UNDER 1 HOUR <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ernest Beyer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Nickel</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E.L. Beyer</u>		ADDRESS <u>811 Providence</u>	
18. CAUSE OF DEATH Enter only cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis Gen</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-17, 1954</u> , to <u>2-22, 1954</u> ; that I last saw the deceased alive on <u>2-22, 1954</u> , and that death occurred at <u>10:44 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl C. Brick M.D.</u>		23b. ADDRESS <u>3278 Rockwood Webster Groves</u>	
23c. DATE SIGNED <u>2-23-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dumble, M.D.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Parker Aldrich F. Home Webster Groves</u>	

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

JUL 1 1956

MAR 26 1956

APR 15 1956

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..

Student.....
Signature of Student Embalmer

Signed.....
Leslie Walsh

Licensed Embalmer No... 434

P. O. Address... *Walshes, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.