THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041270
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11328

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. John 4601 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Mo. Baptist Hosp. — Length of stay in 1b: 4 weeks	d. STREET ADDRESS (If outside, give location) 27 8104 St. Charles Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rosa — Middle: - - - - — Last: Beer				4. DATE OF DEATH Month, Day, Year: November 22, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: Feb. 15, 1891	9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener	10b. KIND OF BUSINESS OR INDUSTRY: Produce & seed	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: John Richardson	13b. MOTHER'S MAIDEN NAME: Elizabeth Burkhardt	14. NAME OF HUSBAND OR WIFE: George Beer, dec'd.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 493-40-8261	17. INFORMANT: Alfred G. Krueger — Address: 4141 Fee Fee Rd.		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of lung, metastatic. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of breast, left. — 5 years.

DUE TO (c) 170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 8, 1954, to November 21 and last saw her/him alive on November 21, 1958. Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roland Kieffer (Degree or title) MD 0 — 22b. ADDRESS 100 N. Euclid — 22c. DATE SIGNED 11/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 11-25-1958 — 23c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery — 23d. LOCATION (City, town, or county) (State): Bridgeton, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. — ADDRESS: 2504 Woodson Rd. Overland, Mo. — 25. DATE RECD. BY LOCAL REG.: NOV 24 '58 — 26. REGISTRAR'S SIGNATURE: Earl Smith MD M & B

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed David C. Giha

Licensed Embalmer No. 345

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.