

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016568

3802 REGISTRAR'S NO. 3802 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3802**

FILED APR 25 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | c. CITY OR TOWN | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| 5. SEX | | 6. COLOR OR RACE | |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| 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. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | 17. INFORMANT | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ | | 20f. CITY, TOWN, OR LOCATION | |
| 22. SIGNATURE (Name or title) | | 22b. ADDRESS | |
| 22c. DATE SIGNED | | 22a. SIGNATURE | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| 24. FUNERAL DIRECTOR | | 25. DATE RECD. BY LOCAL REG. | |
| 26. REGISTRAR'S SIGNATURE | | 27. SIGNATURE | |

1. PLACE OF DEATH
a. COUNTY: MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CITY HOSPITAL N°1
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN: OAKVILLE
d. STREET ADDRESS: 2920 ERB R+

3. NAME OF DECEASED (Type or print): WALTER G. BEILSTEIN
4. DATE OF DEATH: APRIL - 6 - 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH: 9-17-1909
9. AGE (last birthday): 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SERVICE CO.
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE BEILSTEIN
13b. MOTHER'S MAIDEN NAME: ANNA KNICKEL
14. NAME OF HUSBAND OR WIFE: GLADYS BEILSTEIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NIL
16. SOCIAL SECURITY NO.: NIL
17. INFORMANT: GLADYS BEILSTEIN
Address: 2920 ERB R+

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Strangulation; when deceased hanged self in vault of building at 3869 Park Avenue on April 6th, 1962**
INTERVAL BETWEEN ONSET AND DEATH: 974x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): **Suicide**
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): **See above**

20c. TIME OF INJURY: 1 a.m. 4-6-62
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.): **Building**
20f. CITY, TOWN, OR LOCATION: **St Louis, Mo**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **5:35 P.** on the date stated above, and to the best of my knowledge, from the causes stated.
22. SIGNATURE (Name or title): **Paul Jensen Deputy Coroner**
22b. ADDRESS: **1300 Clark**
22c. DATE SIGNED: **4/10/62**

23a. BURIAL, CREMATION, REMOVAL (Specify): **REMOVAL**
23b. DATE: **APR-10-1962**
23c. NAME OF CEMETERY OR CREMATORY: **NEW ST JOHNS REM.**
23d. LOCATION (City, town, or county) (State): **MEHLVILLE MO**
24. FUNERAL DIRECTOR: **Fey Funeral Home, MEHLVILLE MO**
25. DATE RECD. BY LOCAL REG.: **APR 10 1962**
26. REGISTRAR'S SIGNATURE: **Loal Smith, M.D.**

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: Herbert J. Gou Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.