

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29142
File No. 8732

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 4108 Page Ave.) St. Ward

2. FULL NAME: William F. Bessler

(a) Residence. No. 4108 Page Ave. St. 11 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Bessler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11 - 1883

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. _____ min. | |
|--------|-------|--------|------|---|----------|
| | | | | <u>44</u> | <u>7</u> |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sales Manager
 (b) General nature of industry, business, or establishment in which employed (or employer) Bakery Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Bessler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Schaefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
 (STATE OR COUNTRY)

14. INFORMANT Lillie Bessler
 (Address) 4108 Page Ave.

15. OCT - 1 1927 Max Starckoff
 FILED 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 19 27

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock and Injuries (Internal & crushed body) Confined to his bed, house collapsing during severe wind storm. (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1870 ACCIDENT. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? Home

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN ANTIPT?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. M. ... M. D.
27 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles. DATE OF BURIAL Oct 3 19 27

20. UNDERTAKER W. J. Leidner and Co. N. Market St. ADDRESS 1417

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

DEATH RECORD

