

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

Do not use this space.

6435

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 1243

City St. Louis Mo. (No.) State Mo. Ward

2. FULL NAME

Frank A. Beisinger aka John White

(a) Residence. No. 5609 Michigan av. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17 - 1903

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 0 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Albert Beisinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Stebe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

14. INFORMANT Annie Beisinger
(Address) 5609 Michigan av.

15. FILED 5 1928 REGISTRAR Miss Taskoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26th. 1928

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1927 to Feb. 26 1928 that I last saw alive on Feb. 2 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchyma of Spleen
45

CONTRIBUTORY Obstructed Stomach
(SECONDARY) (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 5609 Michigan

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS Physiogn. findings
(Signed) M. D.

2/4 1928 (Address) 4920 Linnell

*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 Old St. Marcus Cemetery DATE OF BURIAL Feb. 6 1928

20. UNDERTAKER Giesenhevi Bros. ADDRESS 2623 Cherokee

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

