

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

Do not use this space.

13295

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5700) Assembl St. Ward

File No.
 Registered No. 3861 St. Ward

2. FULL NAME

Albert Beasel
 (a) Residence. No. 5700 Assembl St. 13 Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Nov. 21, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | 4 | 7 | — | — | —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Carl Beasel

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

12. MAIDEN NAME OF MOTHER Mary Haas

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

14. INFORMANT Mrs Marie Effinger (Address) 5700 Assembl

15. FILED 36 1929 May C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929 to 3/28 1929 that I last saw him alive on 3/27 1929, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY (SECONDARY) Arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH).....

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY..... No

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) Belkethel M. D. 3/28 1929 (Address) 5700 Assembl

*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 Washington DATE OF BURIAL 30 1929

20. UNDERTAKER W. P. Butler ADDRESS 3500 Butler

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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.

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