

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

(No. *City St. Louis*) St. (Ward)

791

1003

File No.....

Registered No.....

18211

4787

2. FULL NAME

(a) Residence, No. *2318 1/2 Duquesne* Ward. *20* (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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 17 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fire*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Blacksmith*

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME *August Begelesbacher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Katherine Hermann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *St. Louis City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Always Cemetery* DATE *May 19 1937*

19. UNDERTAKER (ADDRESS) *Goodhart & Goodhart 2228 St. Louis Ave*

20. FILED *St. Louis*

MAY 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/9/37*

22. I HEREBY CERTIFY, That I attended deceased from *5/8* 19*37* to *5/9* 19*37*

I last saw *him* alive on *5/9* 19*37* Death is said to have occurred on the date stated above, at *5-15* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Other contributory causes of importance:

Regen. Heart Disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *Sept Seely* M. D.
(Address) *City St. Louis*

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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