NOTE: 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.

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

DEC'D OCT 12 1938

791
1003

30648
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri
Registration District No.
Primary Registration District No.
Registered No. 8085
Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bevens
(a) Residence, No. City Infirmary St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ?-?- 1876

7. AGE: About 62 YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.: Carpenter
10. Date deceased last worked at this occupation (month and year): About 12-25-37
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Sweaden

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): W. Gansloser, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. H. Gilbert and Sons 2842 Meramec St.

20. FILED SEP 12 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 9-7-38, 19
I last saw him alive on 9-7-38, 19. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Paretic Crisis 9-5-38, General Paralysis of insane

Date of Onset

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Other contributory causes of importance:
Pulmonary congestion (8 Hours)
Not Pneumonia

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) W. Gansloser, M. D.
(Address) 5400 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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, ...

No Embalming, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.