

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

DEC 12 1938

37454  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1002 Registered No. 9781  
 (c) City St. Louis (d) Street No. 2045 East Prairie Avenue St. St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 207 AUGUST BESCHE,

(a) Residence, No. 2045 East Prairie Avenue St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Gertrude Besche (Koch)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1857

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
81 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet Maker  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Germany

FATHER 13. NAME Not Known

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Mrs. Gertrude Besche  
2045 East Prairie Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue

20. FILED NOV 12 1938 J. F. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15<sup>th</sup> 1938 to Nov. 10<sup>th</sup> 1938  
 I last saw him alive on Nov. 10<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 7:20 A. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 10/15/38  
Chronic Endocarditis  
Arterial Sclerosis Past few years  
 Name of operation none Date of no  
 What test confirmed diagnosis? Was there an autopsy? no

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 no

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Chronic Myocarditis  
 (Signed) Wm. H. Taylor, M.D. (Address) 4244 N. Florsant

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.

**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, \_\_\_\_\_

or by \_\_\_\_\_

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

Signed

*William G. Buckholz*

Licensed Embalmer No.

*2110*

P. O. Address

*St. Louis, Mo.*

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

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