

S. No. 2
A-1-4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19969

State File No.

DIED JUL 21 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 4781

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2841 Lemp St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 100

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 247

(d) Street No. 2841 Lemp St.
(If rural, give location) 9

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Ben Bessinger

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 3 minute 15 A.M.

4. Sex Male () 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Bessinger

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 30, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 1941 to June 18 1941;

that I last saw him alive on June 18 1941;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 4 9 ..hr. ..min.

Immediate cause of death Cancer of prostate ?

Due to.....

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to.....

Other conditions (Include pregnancy within 3 months of death) 51

10. Usual occupation Retired Railroad

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Frederick Bessinger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....
(Specify type of place) (Means of injury)

16. (a) Informant Mrs. Carrie Bessinger

(b) Address 2841 Lemp St.

17. (a) Burial (b) Date thereof June 11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JUN 4 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

62 Rogers
18th & Pennsylvania Ave

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 Wm Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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, fact should be so stated above.