

Registration District No. 791

Primary Registration District No. 1003

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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 26 days 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2319a Dodier St
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME William Begelsbacher
3. (b) If veteran, name war no
3. (c) Social Security No. 499-01-4958

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Millie Begelsbacher 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct. 1, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 12 hr. min.

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

10. Usual occupation Nightwatchman

11. Industry or business W. P. A

MOTHER FATHER { 12. Name August Begelsbacher
13. Birthplace unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Millie Begelsbacher
(b) Address 2319a Dodier St

17. (a) burial (b) Date thereof July 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2228 St. Louis Ave

19. (a) JUL 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 13 year 1941 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from 6/16/41 to 7/13/41
that I last saw him alive on 7/13/41 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia myelogenous
Due to _____
Due to _____
Other conditions Terminal Pulm. Congestion 24 hrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Generalized Lymphadenopathy Enl. Spleen - Pulm. Edema, Congest

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) (e) Means of injury _____

23. Signature [Signature] (M. D. coroner)
Address 1325 S. Bond Date signed 7/13/41

Duration ?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Charles Goodhart

Licensed Embalmer No.

P. O. Address.....

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.