

FILED MAY 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 1123

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. John's Station  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8811 St. Louis Avenue  
(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 St. Louis  
(c) City or town St. John's Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8811 St. Louis Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Herman Besse

3. (b) If veteran, name war No  
3. (c) Social Security No. 493-03-0956

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased December 1, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>13</u>	hr. _____ min.

9. Birthplace Millsladt Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Kroger Grocer Co.

MOTHER FATHER

12. Name John Besse  
13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Krupp  
15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Besse  
(b) Address 8811 St. Louis Avenue

17. (a) Burial (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Calvary Cemetery  
(b) Address 1735 Union Blvd.

19. (a) MAY 17 1944 (b) E. D. McWarren, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th  
year 1944 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No

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

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 E. S. M. Garrison (M. D. or other) \_\_\_\_\_  
Address Health Commission St. Louis Date signed May 15 1944

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

600

15054

JUN 22 1944

major funeral home

special requirements

MAY 25 1944

**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..... *W. Wilkinson*

Licensed Embalmer No..... 3575

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.**