

FILED AUG 8 1944

318

Registration District No.

1003

Registrar's No.

6649

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:  
**Deaconess Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **21 days**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4081 Haven St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Henry Bezler**

3. (b) If veteran, name war.....

3. (c) Social Security No. **488-03-1042**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Amanda**  
6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **Aug. 20 1877**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **8**  
If less than one day hr. min.

9. Birthplace **Wurtemberg, Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business.....

MOTHER FATHER

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Amanda Bezler**  
(b) Address **4081 Haven St.**

17. (a) **Burial** (b) Date thereof **July 31, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Wacker-Helderich**  
**3634 Gravois Ave.**  
(b) Address

19. (a) **III 20 1944** (b) Registrar's signature **J. F. Brudek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28** 19**44** hour **6** minute **40** A. M.

21. I hereby certify that I attended the deceased from **July 6** 19**44** to **July 28** 19**44** that I last saw him alive on **July 27** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral accident** Duration **4 days**

Due to **Metastatic Carcinoma**  
**Metastatic Carcinoma of rib lung**  
Due to **Original site undetermined, probably gastro-intestinal tract**

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

Major findings:  
Of operations.....  
Of autopsy.....  
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 **Edward J. Hosto** (M. D. or other) **M.D.**  
Address **3723 S. Kingshighway** Date signed **7-29-44**

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

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**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..... *Frank G. Ryland*.....

Licensed Embalmer No..... *2675*.....

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, fact should be so stated above.**