

FILED SEP 21 1945

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8100

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:
6712 Minnesota /
(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

3. (a) PRINT FULL NAME **George Besch**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **494-03-4322**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bonita**
6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **June 3 1912**
(Month) (Day) (Year)

8. AGE: Years **33** Months **3** Days **12**
If less than one day hr. min.

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

10. Usual occupation **Crane Operator**

11. Industry or business _____

12. Name **George Besch**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Wittwer**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bonita Besch**

(b) Address **6712 Minnesota**

17. (a) **Burial** (b) Date thereof **9/18/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter-Paul**

18. (a) Signature of funeral director **Jos. P. Fendler Jr.**

(b) Address **7128 Michigan**

19. (a) **SEP 17 1945** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **6712 Minnesota**
(If rural, give location) **91**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, 15
year **1945** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-15-45** to **9-17-45**
that I last saw him alive on **9/14-45** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Chr. Myo Carditis**

Due to **Secondary Pneumonia about age 12**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 *[Signature]* (M. D. or other) _____
Address **6632 Mich. av** Date signed **9/17/45**

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

MOTHER FATHER

00
17
9

804

STATEMENT BY LICENSED EMBALMER

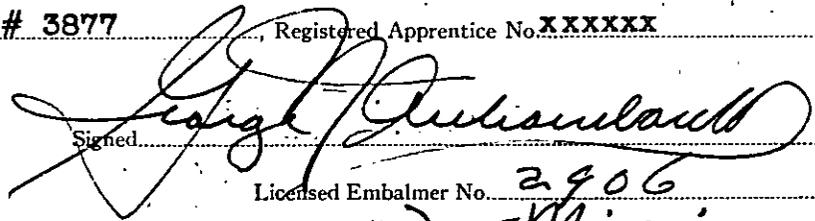
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Clarence P. Kidwell Mo. Emb. Lic # 3877

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan**

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.