

Registration District No. **318**

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

Registrar's No. **2215**

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: **2858<sup>9</sup> ARSENAL**  
(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 **Rose Bessler**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **MARCH 17 1861**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **GEORGE BUMB**

13. Birthplace **GERMANY** (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 **Rose MANNEBACH**

(b) Address **2858<sup>9</sup> ARSENAL**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **MAR. 8 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **LAYREI HILL CEM**

18. (a) Signature of funeral director **The Ketterer Co**

(b) Address **2906 GRAYOIS**

19. (a) **MAR 6 1946** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

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. **2858<sup>9</sup> ARSENAL** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **6** year **1946** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct. 15 1945** to **March 5 1946** that I last saw him alive on **March 5 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. myocarditis**

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

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

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

PHYSICIAN \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 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 **Jim R. Nix** (M. D. or other) \_\_\_\_\_

Address **2931 Brown St.** Date signed **3/6/46**

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

9845

eye

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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

*David Van Tassan*

Licensed Embalmer No. *4243*

P. O. Address *2906 Seaview*

**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.**