

FILED DEC 2 1946

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 hours  
In this community 61 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vincent L. Besand

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-28-688

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

6. (b) Name of husband or wife Mary L. Besand 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 4th. 1876 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Rubber Cement Worker

11. Industry or business Hadley Uhl' Co.

12. Name Joseph Besand 13. Birthplace Unk. France (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mary L. Besand

(b) Address 1926 Agnes St.

17. (a) Burial (b) Date thereof 11-23-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons.

(b) Address 3934 N. 20th St.

19. (a) NOV 21 1946 J. F. Besand (Date received local registrar) (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. 1926 Agnes St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th. year 1946 hour 5:20 4 minute 40 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: Peritonitis Caused by

ruptured pyloric ulcer

Due to 11/4

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) (c) Means of injury 3  
23. Signature J. F. Besand (Date signed 11/25/46)

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

MOTHER FATHER

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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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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.**