S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33185

FILED OCT 13 1947

Registration District No. ..... Primary Registration District No. 3063 Registrar's No. 1988

1. PLACE OF DEATH:
(a) County: ST. LOUIS COUNTY
(b) City or town: CLAYTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 DAYS (Specify whether years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS CO.
(c) City or town: ELLISVILLE (If outside city or town limits, write "RURAL")
(d) Street No.: CLARKSON ROAD (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRANK BESLAR
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: KATE
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JAN (Month) 20 (Day) 1862 (Year)

8. AGE: Years 85 Months 7 Days 29 If less than one day: hr. min.

9. Birthplace: MIAMI (City, town, or county) FLORIDA (State or foreign country)
10. Usual occupation: CARETAKER
11. Industry or business:
FATHER 12. Name: FRANK BESLAR
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: MR. LALLEY
(b) Address: ELLISVILLE, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. JOSEPH CEM. MANCHESTER, MO.
18. (a) Signature of funeral director: SCHRADER FUNERAL HOME
(b) Address: BALLWIN, MO.
19. (a) 9-23-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP. day 19 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from SEP. 4, 1947, to SEP. 19, 1947; that I last saw him alive on SEP. 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia (Hypostatic)	4 days
Due to: Cerebrovascular accident — Hemorrhage from lenticulo striate artery	7 days
Due to: Hypertension	
Other conditions: Hemarthrosis left knee on traumatic basis recently (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: NO	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Rupert L. Herbner (M. D. or other)
Address: 601 BRENTWOOD BLVD Date signed 9/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.