. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17382

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4576

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4316a North 20th
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis, Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4316a N. 20th 9
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Agnes Beisensteiner
3. (b) If veteran, name war
3. (c) Social Security No. 489-07-6185
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Joseph Beisensteiner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 16 (Day) 1888 (Year)

8. AGE: Years 60 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)
10. Usual occupation House work
11. Industry or business at home
FATHER
12. Name Gabriel Rabold
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Rose (Unknown)
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)
16. (a) Informant Helen Beisensteiner
(b) Address 4316a N. 20th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Edw. Koch + Son
(b) Address 3516 N. 14th - St. Louis, Mo
19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 12 1948, to May 17 1948 that I last saw her alive on May 16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	2 mo.
Due to Carcinoma of the breast	1 year
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of breast
Of autopsy None

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) No
(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

23. Signature Bernard H. Stolk (M. D. or other)
Address 2435 N Grand Date signed 5-17-48

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 Ronald A Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.