

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27856  
7682

FILED SEP 12 1949

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY-REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Samaritan Home</u>				d. STREET ADDRESS (If rural, give location) <u>4500 Washington Blvd., 8,</u>			
3. NAME OF DECEASED a. (First) (Type or Print) <u>Edward</u>		b. (Middle) _____		c. (Last) <u>Begre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3rd, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 10th, 1858</u>	9. AGE (In years last birthday) <u>90</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	if UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abraham Begre</u>			13b. MOTHER'S MAIDEN NAME <u>Veronica (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Late Emma Begre nee Argast</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. F. J. Langhorst, 4500 Washington Blvd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H6</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>15 ft. H</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 17, 1949</u> , to <u>Sept. 2, 1949</u> , that I last saw the deceased alive on <u>Aug. 29, 1949</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Bergman</u>				(Degree or title) <u>D.M.D.</u>		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>9/3/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/6/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Saint Marcus Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Saint Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		ADDRESS <u>4828 Natural Bridge Blvd.</u>			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarsater</u>					

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John A. Mendai*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.