

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42276**
Registrar's No. **10968**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis mo		c. LENGTH OF STAY (in this place) 34 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Machens		92 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			d. STREET ADDRESS (If rural, give location) W R.		
3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Besselman c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12-20-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 5, 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Davis		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND John Besselman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-22-5244		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Besselman(son) St. Charles		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peripheral phlebotrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension due to renal disease.				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) Mo 100			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HbHX			
22. I hereby certify that I attended the deceased from 11-16 , 19 49 , to 12-20 , 19 49 , that I last saw the deceased alive on 12-20 , 19 49 , and that death occurred at 1:30 P m., from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) Ralph V Besselman MD			23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 12/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 22-1949	24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	24d. LOCATION (City, town, or county) (State) portage des Sioux, Mo.		
DATE REC'D BY LOCAL REG. DEC 21 1949	REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Hallmeyer & Sons Co 800 N. 2nd - St. Charles, Mo.		

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

JUN 8 1954

RECEIVED

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 4189

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph F. Randset

Licensed Embalmer No. 4189

P. O. Address St Charles 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.