

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43212**  
Registrar's No. **4814**

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>6026</b>	Registrar's No. <b>4814</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>9, 9, 11</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFF BRKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>47 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>EAST ST. LOUIS</b>		11
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>1507 N. 23RD STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BESLY, THOMAS L.</b>		b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 28 1949</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-23-71</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>78</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDRY WORKER</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDRY WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (State or foreign country) <b>WABASH COUNTY, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>SAMUEL BESLY</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA LEWIS</b>		14. NAME OF HUSBAND OR WIFE <b>ALBERTA BESLY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES SPAW</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>NEPHROSCLEROSIS WITH AZOTEMIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE CARDIO VASCULAR AND ARTERIOSCLEROTIC HEART DISEASE</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>EMBOLISM OF LEFT ILLIAC ARTERY</b>				INTERVAL BETWEEN ONSET AND DEATH     <b>4-200</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION    <b>420.0</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>11-12</b> , 19 <b>49</b> , to <b>12-28</b> , 19 <b>49</b> , <del>XXXXXXXXXXXX</del> and that death occurred at <b>5:45p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>T. E. Stillwell M.D. CHIEF OF PROF SERVICES</b>		23b. ADDRESS <b>VAH JEFF BRKS 23, MO.</b>		23c. DATE SIGNED <b>12-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Dec. 31, 49</b>	24c. NAME OF CEMETERY OR CREMATORY. <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>12-29-49</b>	REGISTRAR'S SIGNATURE <b>Herbert K. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KORRUS FUNERAL HOME E. ST LOUIS, ILLINOIS</b>		

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

96  
0

**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.....

Licensed Embalmer No..... 3162

Signed.....  
Student Embalmer

P. O. Address..... E. S. Harris All

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.