

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32742  
8760  
Registrar's No. 1003

318

1003

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 <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2149</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4429 FOREST PARK</b>				d. STREET ADDRESS (If rural, give location) <b>19 4429 FOREST PARK</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>F.</b>		c. (Last) <b>BESS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 16 1952</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>JUNE 6 1886</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LINEMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AIR REDUCTION</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>CHRISTOPHER BESS</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA CLUBB</b>		14. NAME OF HUSBAND OR WIFE <b>JENNIE M. BESS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JENNIE M. BESS 4429 FOREST PARK</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last-- DUE TO (b) <b>arteriosclerotic coronary arteries</b> DUE TO (c) <b>arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
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)			
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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>6-12</b> , 19 <b>52</b> , to <b>9-16</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-16</b> , 19 <b>52</b> , and that death occurred at <b>5 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Kenneth M. Thomas, M.D.</b>				23b. ADDRESS <b>5203 Chippewa</b>		23c. DATE SIGNED <b>9-18-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>SEPT 19 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKEWOOD PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Thomas Kates 2906 Garrie</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Lawrence C. Hill*

Licensed Embalmer No. *4347 91*

P. O. Address *2906 Jarvis*

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.