

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2851**
Registrar's No. **0275**

FILED JAN 28 1953

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 _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4334 Neosho St | | | | d. STREET ADDRESS (If rural, give location) 4334 Neosho St | | | |
| 3. NAME OF DECEASED (Type or Print) Hugo | | a. (First) John | | c. (Last) Reiseman | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1953 | |
| 5. SEX M. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. | | 8. DATE OF BIRTH Feb 11, 1894 | |
| 9. AGE (In years last birthday) 58 | | 10. MONTHS 1 | | 11. DAYS 58 | | 12. IF UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | | | 10b. KIND OF BUSINESS OR INDUSTRY ROCKWELL CO INC | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME GEORGE BEISEMAN | | | | 13b. MOTHER'S MARDEN NAME ANNA RONDE | | | |
| 14. NAME OF HUSBAND OR WIFE ELEANOR BEISEMAN | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKD | | 16. SOCIAL SECURITY NO. 489-05-5086 | | 17. INFORMANT'S SIGNATURE OR NAME Eleanor Beiseman | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN ABCESS, MULTIPLE ANTECEDENT CAUSES DUE TO (b) SEPTICEMIA DUE TO (c) LUNG ABCESS 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days 3 Months | |
| 19a. DATE OF OPERATION Jan 5, 53 | | 19b. MAJOR FINDINGS OF OPERATION BRAIN ABCESSSES. L. FRONTAL LOBE | | | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 342x | | | |
| 22. I hereby certify that I attended the deceased from JAN 1 , 19 53 , to JAN 9 , 19 53 , that I last saw the deceased alive on JAN 8 , 19 53 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE George J. Housman, M.D. | | | | 23b. ADDRESS 607 N Grand | | 23c. DATE SIGNED Jan 9, 1953 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-12-1953 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo | |
| DATE REC'D BY LOCAL REG. JAN 12 1953 | | REGISTRAR'S SIGNATURE J. C. Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE W. J. Ziegenfuss ADDRESS 6409 Gravois Ave | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Neirle B. Frohwitter

Licensed Embalmer No.

3696

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.