

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030148

STATE FILE NUMBER

FILED SEP 11 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8462

S. 300
v. 1-57

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp 51 Yrs 269			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1949 Madison St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last David NMN Beisel						4. DATE OF DEATH Month Day Year August 31, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 20, 1889		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10b. KIND OF BUSINESS OR INDUSTRY Blackwell-Wielandy Co		11. BIRTHPLACE (City and state or country) Driespitz, Russia 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John George Beisel			13b. MOTHER'S MAIDEN NAME Sophia Herbel			14. NAME OF HUSBAND OR WIFE Anna Elizabeth Beisel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 499-12-3463		17. INFORMANT Mr David Wm. Beisel 1963 Vinita			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>bronchogenic carcinoma of the st. lung with skeletal metastases</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypostatic pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH 162.1		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>2.12.58</u> to <u>8.31.58</u> and last saw her/him alive on <u>8.31.58</u> Death occurred at <u>7:20 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>J. G. Smith, M.D.</i>					22b. ADDRESS 1126 St. Louis Ave		22c. DATE SIGNED 9.2.58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/3/58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis Co, Missouri		(State)	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Bl				25. DATE RECD. BY LOCAL REG. SEP 2 '58		26. REGISTRAR'S SIGNATURE <i>J. G. Smith, M.D.</i> J.P.		

Dr. V. J. Grybinas.
1126 St. Louis Ave
Ce. 1-6176
12 to 4 P.M.

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
Signature of Student Embalmer

Signed *Joseph M. Cullorh*
Licensed Embalmer No. *2760*

P. O. Address *612 1/2 Fullmer*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.