Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046680
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3230

1. PLACE OF DEATH
a. COUNTY ST Louis
b. CITY OR TOWN (If in side corporate limits, give TOWNSHIP only) ~~St. Louis~~ RICHMOND HGTS. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary8's Hosp. Length of stay in 1b 6 DAYS 4 22
33

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis, Mo. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1132 Spruce Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Benjamin Middle H. Last Beuscher

4. DATE OF DEATH Month Dec. Day 9 Year 58

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH 12 Sept. 1898
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) Labadie, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anton Buescher
13b. MOTHER'S MAIDEN NAME Elizabeth Warnebold
14. NAME OF HUSBAND OR WIFE UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give "Last Date of Service" Student Army Training Corp.
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Frank Jenny Address Union, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic Coma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastro Intestinal Hemorrhage
DUE TO (c) Liver disease - Unknown origin
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 583X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 12-3-58, to 12/9/58 and last saw her/him alive on 12/9/58
Death occurred at 11 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thos A Wimber
22b. ADDRESS 1736 Railway Exchange Bldg.
22c. DATE SIGNED 12-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11 Dec. 58
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Labodie, Mo.

24. FUNERAL DIRECTOR Stanley E. Meyer ADDRESS Union, Mo.
25. DATE RECD. BY LOCAL REG. 12-10-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 12 1959

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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 .....
Signature of Student Embalmer

Signed Stanley E. Thayer

Licensed Embalmer No. 4639

P. O. Address Clinton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.