

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011706
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 683

APR 19 1959

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Berkshire		d. STREET ADDRESS (If outside, give location) 5 Berkshire	

3. NAME OF DECEASED (Type or print) First Carl Middle Conrad Last Beisbarth			4. DATE OF DEATH Month March Day 18 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1901	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months 6 Days 18	11. IF UNDER 24 HRS. Hours 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Beisbarth	13b. MOTHER'S MAIDEN NAME Alma Diehl	14. NAME OF HUSBAND OR WIFE Dorcas Beisbarth
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Dorcas Beisbarth Address 5 Berkshire Richmond Heights Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 month 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 9:30 Month, Day, Year March 13, 1959 a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Washington COUNTY St. Louis STATE Missouri
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21. I attended the deceased from **June 1, 1954** to **March 13, 1959** and last saw ^{her}him alive on **March 13, 1959**. Death occurred at **9:30 p.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. B. Becke (Degree or title) M.D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 3-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/16/1959	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri.
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24. FUNERAL DIRECTOR C.R. Lupton and Sons ADDRESS 7233 Delmar.	25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any anatomical nomenclature in item 10. All diseases in Part I must be causally related.

(Vertical stamp or mark)

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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

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