

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-038297

DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. 318 XC- 2881381 SL 20382 Primary Registration District No. 1003 Registrar's No. 10234 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

AMENDED

**FILED NOV 10 1961**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b 29 DAYS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN ST. LOUIS, Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3553 BINGHAM Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
SAM H BESEEL NOVEMBER 1, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-15-1900 9. AGE (last birthday) 61  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 - 11. BIRTHPLACE (City and state or country) FORT DODGE, IOWA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOSEPH J. BESEEL 13b. MOTHER'S MAIDEN NAME MARGARET SROOR 14. NAME OF HUSBAND OR WIFE LOUISE BESEEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI 17. INFORMANT Address LOUISE JULIAN, SEE #2d

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) PNEUMONIA  
DUE TO (b) PULMONARY EMPHYSEMA  
DUE TO (c) 527.1  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
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 10-3-61 to 11-1-61 and last saw him alive on 11-1-61  
Death occurred at 10:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MELVIN RUBENSTEIN, MD 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 11-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE NOV 6, 1961 23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BKS. NATIONAL Cem. 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR ADDRESS FLORISSANT MORTUARY, FLORISSANT, MO. 25. DATE RECD. BY LOCAL REG. NOV 3 1961 26. REGISTRAR'S SIGNATURE Lois Smith, M.D.

**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 \_\_\_\_\_  
*Gene J. Hutchens*

Licensed Embalmer No. 4966

P. O. Address Flouissant, 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.