

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38505

#105377

318

1003

State File No. ....

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. 10127	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.  c. LENGTH OF STAY (In this place) 2  d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  d. STREET ADDRESS 23-1924 a OREGON (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) C c. (Last) BEISMANN		4. DATE OF DEATH (Month) (Day) (Year) November 23, 1949		5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 11-17-1876 9. AGE (In years last birthday) 73 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME LEO BEISMANN 13b. MOTHER'S MAIDEN NAME MARY MEYER 14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 4743 17. INFORMANT'S SIGNATURE OR NAME C. JOSEPH BEISMANN ADDRESS #743 LOUISIANA	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Rectum  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 46d			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1524X			
22. I hereby certify that I attended the deceased from 11/11/49, 19__, to 11/23/49, 19__, that I last saw the deceased alive on 11/23/49, 19__, and that death occurred at 6:30am., from the causes and on the date stated above.							
23a. SIGNATURE M. Eisel MD and		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-26-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REGISTRAR NOV 25 1949		REGISTRAR'S SIGNATURE J. B. Fawcett		25. FUNERAL DIRECTOR'S SIGNATURE E. Schmitt		ADDRESS 3125 Lafayette	

(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 \_\_\_\_\_

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

**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.