

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35300

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 6033a
City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

File No. _____
Registered No. 335

2. FULL NAME

Elease Beisbarth

(a) Residence, No. 6600 Washington, Univ. City, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)? June 6 1874

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>3</u>	<u>10</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Charles Beisbarth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Arello Bastini

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Ed. Beisbarth
(ADDRESS) 707 Goodfellow, St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Katholie Cemetery DATE Sept 17 1937

19. UNDERTAKER Astron L. & St. Co.
(ADDRESS) 2704 N. Grand Blvd

20. FILED 9/17 1937 Dr. J. J. Signorilli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-12-37, 19, to 9-16-37, 19

I last saw her alive on 9-15-37, 19. Death is said

to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Epidemic Encephalitis Date of onset 9-11-37
Acute sclerotic nephritis unknown
Uremia 9-11-37
Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Dr. J. J. Signorilli M.D.
(Address) St. Louis County Hospital

