

REC'D JAN 11 1938

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

40631

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. **City Hospital No. 1** St.

Registered No. **10373**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 12075 25¹/₂

2. PRINT FULL NAME

Fred Beisner

(a) Residence, No. **5106 Palm** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna C. Beisner (Triefte)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 1, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 60 9 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Engineer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Laclede P. & L. Co.**
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) **Illinois**13. NAME **Gus Beisner**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Amelia Schootte**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Friedens** DATE **Dec. 2, 1938**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son
2161 East Fair Avenue**20. FILED **DEC 1 1938** **J. F. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/29/38**, 1922. **11/17/38** I HEREBY CERTIFY, That I attended deceased from **11/29/38**, 19

I last saw him **11/29/38** alive on **11/29/38**, 19. Death is said to have occurred on the date stated above, at **11.15 a.**

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **ye**

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) **H. P. R. R.** M. D.
(Address) **City Hospital No. 1**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed William G. Bush

Licensed Embalmer No. 2110

P. O. Address St. Louis

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, above space should be left blank.