

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

16829  
Do not use this space.

REC'D JUN 12 1939

**1. PLACE OF DEATH**

(a) County.....*2* Registration District No.....  
 (b) Township.....*1* Primary Registration District No..... Registered No. **4363**  
 (c) City St. Louis (d) Street No. 2045 E Prairie Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

**2. PRINT FULL NAME**

Gertrude Besche  
 (a) Residence, No. 2045 E Prairie Ave St. **9** (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Besche</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>7</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>		
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) <u>Germany</u>		
13. NAME <u>? Koch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Leonard Gardner</u> (ADDRESS) <u>2045 East Prairie Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 12, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Math Hermann &amp; Son</u> (ADDRESS) <u>2161 East Fair Ave</u>		
20. <u>MAY 11 1939</u> 19..... <u>J. J. Besche</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6<sup>th</sup> 1939, to May 9<sup>th</sup> 1939.  
 I last saw h. alive on May 8<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 3:00 PM.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 2/16/39  
Arterial Sclerosis - Past years

Other contributory causes of importance:  
Arterial Sclerosis - Past years

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

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? no  
 If so, specify.....  
 (Signed) Alfred H. G. G. G., M. D.  
 (Address) 424 N. Pleasant

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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.....

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

Signed William G. Burkholz

Licensed Embalmer No. 2110

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 this body is not embalmed, above space should be left blank.**