

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.

BUREAU OF THE CENSUS
 SEP 14 1939

791
 1003

27314

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6814

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2354 South 9th St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 14 years
 years, months or days)

3. (a) PRINT FULL NAME Leon C. Besand 253

3. (b) If veteran, name war None
 3. (c) Social Security No. 489-12-1473

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Besand
 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 8, 1869
 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 25
 If less than one day hr. _____ min. _____

9. Birthplace Perryville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Tool Man

11. Industry or business _____

12. Name Louis Besand

13. Birthplace Unknown France
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Chappins

15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herbert Besand

(b) Address Festus, Missouri

17. (a) Removal (b) Date thereof 8/5/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) AUG 4 1939 (b) J. D. Buck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis, 9th St. 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2354 South 9th Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
 year 1939 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 29, 1939, to Aug 30, 1939,
 and that death occurred on the date and hour stated above.

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Primary site, right kidney

Due to Senility

Due to _____

Other conditions Cervical lymphadenopathy
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 51
 Of autopsy _____

Duration

3 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature William J. Jeger (M. D. or other)

Address 4209 Lindell Date signed 8-3-39

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.....

Carl G. Kappeler

Licensed Embalmer No.....

2971

P. O. Address.....

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.