

FILED JUN 30 1948 18

Primary Registration District No. 1003

Registrar's No. 5501

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (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:
En-Route to Mo. Baptist Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Anna E. Beisel.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife David Beisel. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 26 1896
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 3 23 hr. min.

9. Birthplace Lester, England.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name William Bailey.

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

14. Maiden name Don't know.

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

16. (a) Informant David Beisel.

(b) Address 6424 Wellsmar, Avenue.

17. (a) Burial (b) Date thereof 6/21/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsh, Inc.

(b) Address 5966 Easton Ave. St. Louis, Mo.

19. (a) JUN 19 1948 (b) J. F. Brubaker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, ⁹⁶⁰⁰
 (c) City or town Wellston. (If outside city or town limits, write "RURAL")
 (d) Street No. 6424 Wellsmar Avenue. ^{N.R.}
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
 year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Apoplexy
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration _____

Major findings:
 Of operations _____
 Of autopsy _____

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) (a) Means of injury _____

23. Signature W. H. Perry (M. D. or other) _____
 Address Deputy Coroner Date signed 6/19/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Ben Hoffman

Licensed Embalmer No.

4366

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, fact should be so stated above.