

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 9 1945

318

1003

State File No.

Registrar's No. 1678

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Kimmswick
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -1

3. (a) PRINT FULL NAME PAUL A. BESEL

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Herbst Besel 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased January 31 - 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 18 hr. min.

9. Birthplace Cape Girardeau Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business Liquor

12. Name Theophilus Besel
13. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Berger
15. Birthplace Cincinnati Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha B. Wendt
(b) Address 6700 Odell

17. (c) Burial (b) Date thereof Feb. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) FEB 20 1945 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 18
year 1945 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 17
1945 to Feb. 18 19 45
and that death occurred on the date and hour stated above.
that I last saw him alive on Feb. 18 19 45
Immediate cause of death Gastric Hemorrhage Duration 1 day

Due to Cirrhosis of Liver

Due to Narcoleptics of Stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(Specify type of place) While at work (e) Means of injury.....

23. Signature H. A. O'Sullivan M.D.
Address 4217 Schirmer Date signed 2-19-45

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.....

Glen W. Katz

Licensed Embalmer No.....

3737

P. O. Address.....

1936 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.