

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **H4341**  
**3766**  
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis, Missouri.**  
(c) Name of hospital or institution:  
**St. Louis City Hospital - ax C. Sta. kloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **8 Weeks**  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **4545 Gibson Ave.**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3: (a) PRINT FULL NAME **BESSIE LARGENTE**  
3. (b) If veteran, name war..... **None**  
3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife..... **Late Pierre**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Sep't. 3 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**47 7 16** hr. min.

9. Birthplace **Greenville Mo. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Richard Weston**

13. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Lee**  
(City, town, or county) (State or foreign country)

15. Birthplace **Mo. 11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary O. Largente**  
(b) Address **4545 Gibson Ave.**

17. (a) **Removal (Mtr.)** (b) Date thereof **4-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenville, Mo.**

18. (a) Signature of funeral director **Kriegshausler Und. Co.**  
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **APR 21 1948** (b) **J. F. Bruck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19th**  
year **1948** hour **8** minute **40 P.M.**  
21. I hereby certify that I attended the deceased from **2/26/48**  
....., 19....., to **April 19th**, 19 **48**  
that I last saw h. er alive on **April 19th**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of Liver**  
**Broncho pneumonia**  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) **1/24**  
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?  
While at work?..... (Specify type of place)  
Means of injury.....

23. Signature **Caron Hendin M.D.**  
Address **1515 Lafayette** Date signed **4/20/48**

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**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 Richard W. Stovesand  
Licensed Embalmer No. 4007  
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, fact should be so stated above.**