

FILED FEB 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2588

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0875

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2841 LEMP		d. STREET ADDRESS (If rural, give location) 24 2841 LEMP 0	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) CARRIE -		(Month) (Day) (Year)	
b. (Middle) BESSINGER		JAN. 26 1952	
c. (Last)			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 26 1866
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ANTHONY KROMNACKER		13b. MOTHER'S MAIDEN NAME JOSEPHINE HIMMELHAHN	
13c. NAME OF HUSBAND OR WIFE BEN BESSINGER (DEC'D)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME BEN BESSINGER		ADDRESS 2841 LEMP	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH yes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Septicemia mellitus</i>	
		DUE TO (c) <i>metab. clamping</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260X			
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 1951, to <i>Jan 26</i> , 1952, that I last saw the deceased alive on <i>Jan 26</i> , 1952, and that death occurred at <i>12:00 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. S. Pyne M.D.</i>		23b. ADDRESS <i>27529 Cherokee</i>	
23c. DATE SIGNED <i>2-28-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 30 1952	
24c. NAME OF CEMETERY OR CREMATORY S. S. PETER Y PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. JAN 29 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kutia</i>		ADDRESS <i>1906 Shorris</i>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Leo J. Burdette

Licensed Embalmer No. *3989*

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.