

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14981

State File No.

FILED MAY 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1158

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4002</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>3 MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>22</u> OR TOWN <u>MARYLAND HEIGHTS, MO</u>	
		d. STREET ADDRESS (If rural, give location) <u>RT #1</u>	

3. NAME OF DECEASED a. (First) <u>Besselman</u> , b. (Middle) <u>M.</u> c. (Last) <u>John</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> / <u>1</u> / <u>52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 11, 1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MANUFACTURING CO.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. PAUL, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JACK BESSELMAN</u>	13b. MOTHER'S MAIDEN NAME <u>IDA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>THERESA BESSELMAN-DECD 1949</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WORLD WART 488-12-7333</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM. BESSELMAN (SON)</u> ADDRESS <u>ST. CHARLES, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intracerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture dislocation right hip</u>		2 1/2 mos?	

19a. DATE OF OPERATION <u>2/4</u>	19b. MAJOR FINDINGS OF OPERATION <u>No evidence of subdural hemorrhage</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M) <u>Feb. 14, 1952 2:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 2-16, 1952 to 5-1, 1952 that I last saw the deceased alive on 5-1, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip S. Wachter, M.D.</u>	23b. ADDRESS <u>4601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>5/1/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PORTAGE DES SIOUX, MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-2-52</u>	REGISTRAR'S SIGNATURE <u>Nesbet R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. DALLMEYER & SONS CO.</u> ADDRESS <u>ST. CHARLES, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

SW

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

X No. 300 10.48

MAY 10 1952

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4548

P. O. Address St. Charles, 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.