

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45201**
Registrar's No. **12052**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (In this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4527 Alaska | | | d. STREET ADDRESS (If rural, give location) 15 4527 Alaska | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary | | b. (Middle) C. | | c. (Last) Besch | |
| 4. DATE OF DEATH Dec. 19 1953 | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec 12 1879 | | 9. AGE (In years last birthday) 74 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Labor Ill | |
| 12. CITIZENRY OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Mathias Nordmann | | 13b. MOTHER'S MAIDEN NAME Mary Johnson | |
| 14. NAME OF HUSBAND OR WIFE Geo. Besch | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT'S SIGNATURE OR NAME Geo. Besch | | ADDRESS 4527 Alaska | | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic | | INTERVAL BETWEEN ONSET AND DEATH 1 year 2 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) _____ | | | |
| 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) _____ | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | |
| 22. I hereby certify that I attended the deceased from 2/30 , 1951 , to Dec 19 , 1953 , that I last saw the deceased alive on Dec 18 , 1953 , and that death occurred at 11:45 P.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) R. J. Mc Gehee MD | | 23b. ADDRESS 16 Abbeypark Village Park | | 23c. DATE SIGNED 12/11/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-24-1953 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo | | DATE REC'D BY LOCAL REG. DEC 22 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher | | ADDRESS 3013 Meramec | | | |

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

McEnnis
Besch.

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

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St Louis*

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.