

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. **38005**  
Registrar's No. **10124**

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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 township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri-Baptist Hospital**

e. STREET ADDRESS (If rural, give location) **4323 Gertrude Ave**

3. NAME OF DECEASED  
a. (First) **ANNA**  
b. (Middle) \_\_\_\_\_  
c. (Last) **BEISMANN**

4. DATE OF DEATH **11-17-1955**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **8-29-1895**

9. AGE (In years last birthday) **60**  
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) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Adamek**

13b. MOTHER'S MAIDEN NAME **Josephine Tuma**

14. NAME OF HUSBAND OR WIFE **John Beismann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **489-01-9012**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**John Beismann** 4323 Gertrude Ave

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CORONARY OCCLUSION**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **RHEUMATIC HEART DISEASE**  
**ACUTE RHEUMATIC FEVER**  
DUE TO (c) **CARDIAC DECOMPENSATION**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **CARDIAC HYPERTROPHY**

INTERVAL BETWEEN ONSET AND DEATH  
**ONE DAY**  
**10 YEARS**  
**1923**  
**10 YEARS**  
**5 YEARS**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **416 X**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Nov. 1, 1954**, to **Nov. 17, 1954**, that I last saw the deceased alive on **Nov. 17, 1955**, and that death occurred at **7:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert A. Hall M.D.**

23b. ADDRESS **3902 LAFAYETTE ST. LOUIS, Mo.**

23c. DATE SIGNED **Nov. 18, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **11-21-1955**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION\* (City, town, or county) (State) **10160 Gravois Road Mo**

DATE REC'D BY LOCAL REG. **NOV 21 1955**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **6409 Gravois Ave**

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

BY MISS SOUZ LAFAYETTE

**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.....  
Signature of Student Embalmer

Signed *Yau M. Simon*.....

Licensed Embalmer No. *427*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.