THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35253

FILED OCT 16 1956

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8505

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Deaconess Hospital — Length of stay in 1b 78 years	d. STREET ADDRESS (If outside, give location) 4948 Parker Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: ALVIN	Middle: E.	Last: BEMARKT, Sr.	4. DATE OF DEATH: Month Sept. Day 12, Year 1956
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 13, 1878	9. AGE (In years last birthday): 78 — 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): retired purchasing agent	10b. KIND OF BUSINESS OR INDUSTRY: Pevely Dairy	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Bemarkt		14. MOTHER'S MAIDEN NAME: Katherine Meissinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: 490-01-4115A	17. INFORMANT: Mrs. Virginia Bemarkt	Address: 4948 Parker Avenue	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lymphosarcoma of

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) retroperitoneal tissue

DUE TO (c) 200.1

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to Sept 12 1956 and last saw ~~her~~ him alive on Sept 12 1956

Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dand E. Hasto M.D.	22b. ADDRESS: 4909 Lindenwood	22c. DATE SIGNED: 9-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: Sept. 15, 1956	23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F.H.Inc., 1936 St. Louis Ave	25. DATE RECD. BY LOCAL REG.: SEP 14 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Leland E. Hosto
4909 Lindenwood
1 - 3 except Sat.
7-8 Thurs.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.