

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030149  
STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7672

300  
1-57

1. PLACE OF DEATH a. COUNTY St. Louis (city)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE St. Louis, Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4/ Frisco Employees Hospital Association		d. STREET ADDRESS 36 days 39 6575 Scanlon	
3. NAME OF DECEASED (Type or print) First Middle Last Linus Beiswinger		4. DATE OF DEATH Month Day Year 8 6 58	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1882
9. AGE (In years (If under 1 year, give months and days) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (City and state or country.) Dent County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Beiswinger		13b. MOTHER'S MAIDEN NAME Emma Bock	
14. NAME OF HUSBAND OR WIFE Mary Beiswinger		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address of informant Mary Beiswinger 6575 Scanlan Ave, St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, Generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intra abdominal malignancy 1992 DUE TO (c) (site & type unknown) with Metastases			INTERVAL BETWEEN ONSET AND DEATH 3 mo. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 July 2, 1958 to August 6, 1958 and last saw her him alive on August 6, 1958 Death occurred at 10:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Make M.D.		22b. ADDRESS 950 Francis Pl.	
22c. DATE SIGNED 8-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal by Motor		23b. DATE 8-9-1958	
23c. NAME OF CEMETERY OR CREMATORY Cedar Grove		23d. LOCATION (City, town, or county) (State) Salem, Missouri	
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa Street, St. Louis 9, Mo		25. DATE RECD. BY LOCAL REG. AUG 7 '58	
26. REGISTRAR'S SIGNATURE J. Carl Snel			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Bill C. Dranson*

Licensed Embalmer No. *4764*  
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.