

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016247

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1106

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur		c. CITY OR TOWN Creve Coeur 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Craig & Fee Fee		d. STREET ADDRESS (If outside, give location) Craig & Fee Fee	
Length of stay in 1b 50 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE BESANCENEZ			4. DATE OF DEATH Month Day Year Apr 21 1959		
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5. SEX Male	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 Mar 1 1875	9. AGE (In years of birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during 12 months preceding death) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Truck	11. BIRTHPLACE (City and state or country) France 5	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Besancenez	13b. MOTHER'S MAIDEN NAME Do Not Know	14. NAME OF HUSBAND OR WIFE Melida Besancenez
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Joseph Besancenez Address Creve Coeur Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 Hr. 5 yrs. 5 yrs.
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c) Arteriosclerosis Generalized		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteoarthritis generalized 42cc		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from Mar 11, 1953 to April 21, 1959 and last saw him alive on April 14, 1959 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Robert B. Jung, M.D.	22b. ADDRESS Creve Coeur, Mo.	22c. DATE SIGNED 4/21/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/24/59	23c. NAME OF CEMETERY OR CREMATORY St Monica's Cemetery	23d. LOCATION (City, town, or county) (State) Creve Coeur Mo
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24. FUNERAL DIRECTOR Ortmann F Home ADDRESS 9222 Lackland	25. DATE RECD. BY LOCAL REG. 4-22-59	26. REGISTRAR'S SIGNATURE John C. Mumpsey, MD
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Overland Mo Licensed Embalmer's Statement on Reverse Side

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Sam S. Stipanovic, Student Embalmer No. 578 working under my personal supervision.

Student Samuel Stipanovic Signed Al. C. Outmann
Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.