AFR 27 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9570

1. PLACE OF DEATH
County St Louis
Township Dentist
City University City (No. 707 Eastgate St. Ward)
Registration District No. 1160
Primary Registration District No. 4470
File No. 24
Registered No.

2. FULL NAME Elizabeth Bechestobill
(a) Residence. No. 707 Eastgate St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U.S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. Bechestobill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6th 1840

7. AGE Years 86 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

PARENTS
10. NAME OF FATHER David Feder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Otto Kaiser
(Address) 707 Eastgate

15. FILED 3-1, 1927 C. Lillian Bruns D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 1 1927

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to Feb 28, 1927, that I last saw her alive on Feb 28, 1927, and that death occurred, on the date stated above, at 4.40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstial nephritis
129 A
(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Aug Ellersieck, M. D
3/1, 1927 (Address) 3505 N. Jefferson Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefountaine
DATE OF BURIAL 3-2 1927

20. UNDERTAKER Wm Schumacher
ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD