

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Jan 13 1936

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

Do not use this space.

41278

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis** (No. **5156**), Minerva St. **6** Ward. Registered No. **10494** St. **10494** Ward)

2. FULL NAME **William H. Bechtold**

(a) Residence, No. **5156 Minerva** St. **6** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Pancoast**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 3, 1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 **3** **4** **9**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wabash RR. Record Dept.**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

MOTHER / FATHER
13. NAME **Wm. H. Bechtold**
14. BIRTHPLACE (CITY OR TOWN) **Dont Know**
(STATE OR COUNTRY) **Pennsylvania**

15. MAIDEN NAME **Sarah Decker**

16. BIRTHPLACE (CITY OR TOWN) **Dont Know**
(STATE OR COUNTRY)

17. INFORMANT **Frank Bechtold**
(ADDRESS) **5156 Minerva**

18. BURIAL, CREMATION, OR REMOVAL PLACE **James Mo.** DATE **Dec. 14**, 19**35**

19. UNDERTAKER **Thomas J. Jensen**
(ADDRESS) **1519 South Grand Boulevard**

20. FILED **DEC 12 1935** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 11**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 5**, 19**35**, to **Dec 11**, 19**35**.
I last saw him alive on **Dec 11**, 19**35**. Death is said to have occurred on the date stated above, at **8:20** a.m.
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset
108
Other contributory causes of importance:
General nervous weakness

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify **W H White**, M. D.
(Signed) **W H White**, M. D.
(Address) **2803 N. Kingshighway**

