

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

Do not use this space.

791
10031

922

Registered No. 788

FEB 12 1938

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. St. Lukes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME William F. Bechtold 234

(a) Residence, No. 5038 Christy Ave. St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Pauline Bechtold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 3-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

63 0 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. (Retired 10 yrs.)

9. Industry or business in which work was done, as saw mill, bank, etc. Grocer & Meats

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME George Bechtol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Pauline Bechtold
 (ADDRESS) 5038 Christy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Jan. 24- 19 35

19. FUNERAL DIRECTOR Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED JAN 23 1938 J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st. 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 30, to Jan 21 1938

First saw him alive on Jan 20, 19 38. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Arteriosclerosis of heart
Chronic Alcoholism

Date of onset Jan 19
July, 1937.

Other contributory causes of importance:

Chronic Alcoholism

Name of operation Obituary Date of Jan 13
 What test confirmed diagnosis? Obituary Was there an autopsy? No

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? No
 If so, specify
 (Signed) Thos. M. Dyer M. D.
 (Address) 2424 N. Grand

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.

