

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34376

8914

Registration District No.

1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)
- In this community 50 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME MISS LAURETTE BECHTOLD 2343. (b) If veteran, name war ** 3. (c) Social Security No. **it4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15, 1852
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
87 5 3 _____ hr. _____ min.9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Household

11. Industry or business _____

12. Name Philip G. Bechtold13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elise Ilse15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Albert S. Herensen(b) Address 4027 Juniata17. (a) Burial (b) Date thereof Oct. 21, '39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Reiderwieden Funl Home Inc(b) Address 1936 St. Louis Avenue19. (a) OCT 24 1939 (b) J.P. Bechtold
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 4027 Juniata
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1939 hour 3 minute 15 P. M.21. I hereby certify that I attended the deceased from 10/2/39
_____ 19 _____ to 10/18/39 1939;
that I last saw him alive on 10/18/39 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration 11 days

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Berg (M. D. or other) _____
Address 2753 Webster Date signed 10/19

Mr. Ralph Berg
2453 Nebraska
10-11 3-5 7-9

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3737
P. O. Address. 1936 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 this body is not embalmed, above space should be left blank.