V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36885

Registration District No. FILED DEC 9 1943 318

Primary Registration District No. 1003

Registrar's No. 10413

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2510m St. Louis Ave. 20
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Nettie E. Sechrist

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William E. Sechrist

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 28th. (Day) 1879 (Year)

8. AGE: Years 64 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Doc. Bennett
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Perkins
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant William E. Sechrist
(b) Address 2510 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) NOV 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th.
year 1943 hour 7:10 minute a M.

21. I hereby certify that I attended the deceased from Nov. 24, 1943, to 11/25, 1943; that I last saw her alive on 11/25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to 108

Other conditions Chronic Myocarditis and arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? Means of injury

23. Signature Otto C. Hauser (M. D. or other)

Address 3157 Park O Date signed 11/27/43

44K (Licensed Embalmer's Statement on Reverse Side)

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 Homer L Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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, fact should be so stated above.