S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4871

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1458

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: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

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

(d) Street No. 4974 Oleatha Ave. 14
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Bechler

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elizabeth Bechler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. (Month) 19th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	25	hr. min.

9. Birthplace Bunker Hill (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business retired 15 Yrs.

FATHER
12. Name John Bechler
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Soule
15. Birthplace (City, town, or county) Alsace Lorraine 8 (State or foreign country)

16. (a) Informant Elizabeth Bechler
(b) Address 4974 Oleatha Ave.

17. (a) Burial (~~Burial, cremation, or removal~~) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 15 1944 (Date received local registrar) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th year 1944 hour 10:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 2-7-44, 19..., to 2-13-44, 19...; that I last saw him alive on 2-13-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Coronary thrombosis	1 yr.
Due to 2. Ch. hyp. cardiac	1 yr.
Due to 3. Ch. nephritis	1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No.

31

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? (e) Means of injury 0

23. Signature D. C. Pfeifer MD (M. D. or other)

Address 4523 S. Kingshighway Date signed 2/14/44

(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 Richard W. Stevenson

Licensed Embalmer No. 4007

P. O. Address .....

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.