

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29174**
8365

I X3667

FILED OCT 6 1948

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4042 Shaw /
(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:

(a) State Missouri (b) County 000

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

(d) Street No. 4042 Shaw 717
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bertha W. Lechner

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Andrew Lechner

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

7. Birth date of deceased July 1, 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 1945 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1943
to Sept 25, 1945
that I last saw h. w alive on 9/24/45, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Coronary Artery Disease with occlusion

Due to Chc myocarditis

Due to Chc nephritis

Other conditions (Include pregnancy within 3 months of death) _____

Duration

9/24/45

1 yr

1 yr

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy 1315

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? _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name David Paul

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sinn

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Lechner

(b) Address 4042 Shaw

17. (c) burial (Burial, cremation, or removal) (b) Date thereof 9/28/45
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) SEP 27 1945 (Date received local registrar)

J. J. Bredek (Registrar's signature)

23. Signature J. J. Bredek (M. D. or other)

Address 3115 St. Grand

Date signed 9/26/45

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

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,

Sheldon Collier

Licensed Embalmer No.

3382

P. O. Address

7027 Gravois

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.