

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15335**
Registrar's No. **3717**

FILED APR 23 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff Memorial
(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

3. (a) PRINT FULL NAME **ALEXANDER LECHNER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 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 **Dec. 12th, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	3	25	hr. _____ min. _____
-----------	----------	-----------	----------------------

9. Birthplace **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Baker**

11. Industry or business _____

12. Name **Anthony Lechner**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Harman** **Pauline Harman**

15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Kupfer**
 (b) Address **4104 So. Broadway**

17. (a) **Burial** (b) Date thereof **4-9-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathew**

18. (a) Signature of funeral director **Schumacher Und. Co**
 (b) Address **3013 Meramec**

19. (a) **APP 9 1947** (b) **J. F. Budick**
(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")
 Street No. **5800 Arsenal**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7th**
 year **1947** hour **7:55** minute **A** M.

21. I hereby certify that I attended the deceased from **3/16/47**
 _____, 19 _____, to **April 7th**, 19 **47**
 that I last saw him alive on **April 7th**, 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pyelonephritis**
Non-calciculous

Duration **3 months**

Due to _____

Due to **132a**

Other conditions _____
(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? _____

23. Signature **James J. McDonald**
1515 Lafayette
(Specify type of place) (c) Means of injury
 Date signed **4/11/47**

18

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..... *Francis Williamson*.....

Licensed Embalmer No. *3565*.....

P. O. Address..... *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, fact should be so stated above.