

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17811**
Registrar's No. **4340**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (In this place or township)	c. CITY OR TOWN Wellston	4301
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospt.		d. STREET ADDRESS (If rural, give location) 6442 Ridge Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle)	c. (Last) Becht	4. DATE OF DEATH (Month) (Day) (Year) May 7 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30 1884	9. AGE (In years last birthday) 67	If UNDER 1 YEAR Months Days	If UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Dept	10b. KIND OF BUSINESS OR INDUSTRY General Motors Co	11. BIRTHPLACE (State or foreign country) Minarsville Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jacob Becht	13b. MOTHER'S MAIDEN NAME Faith Parker	14. NAME OF HUSBAND OR WIFE Freida Becht
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-09-5123	17. INFORMANT'S SIGNATURE OR NAME Freida Becht	ADDRESS 6442 Ridge Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5/3/51.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Arteriosclerosis, Heart Disease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by car

22. I hereby certify that I attended the deceased from **4/22**, 19**51**, to **5/7**, 19**51**, that I last saw the deceased alive on **5/16**, 19**51**, and that death occurred at **12.15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Walter Moore	(Degree or title) M.D.	23b. ADDRESS 6376 Clayton Rd, St Louis 17 Mo	23c. DATE SIGNED 5/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10 1951	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	24d. LOCATION (City, town, or county) (State) Bellville Ills
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DATE REC'D BY LOCAL REGISTRY MAY 8 1951	REGISTRAR'S SIGNATURE J B Foster	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Walter L. Moore

6376 Clayton Rd

H1 1808

$\frac{1}{30}$
1 to 5 P.M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *4408*

P. O. Address *St Louis MO*

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.