

No. 300
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REG. #97195
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35944

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3519

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2029</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS., MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>22 days</u>		d. STREET ADDRESS (If rural, give location) <u>4809 HAMBURG</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>C.</u> c. (Last) <u>BECHERER JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 26, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/9/97</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOSEPH C. BECHERER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DRESLEY</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE BECHERER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-1 & 2</u>		16. SOCIAL SECURITY NO. <u>495-14-4319</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENO CARCINOMA OF STOMACH</u>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. 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"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NONE</u>		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) - - - - -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? - - - - -	

22. I hereby certify that I attended the deceased from 10/4, 19 51, to 10/26, 1951, ~~that I am now the deceased~~ and that death occurred at 8:12 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Stephens</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VAH, JEFF BRKS., MO.</u>		23c. DATE SIGNED <u>10/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>7901 GRAVOIS, ST. LOUIS, MO.</u>					

DATE REC'D BY LOCAL REG. <u>10-28-51</u>		REGISTRAR'S SIGNATURE <u>Hubert A. Lomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WIEGENHEIN FUN. HOME, E</u>	
				ADDRESS <u>7027 GRAVOIS, ST. L. MO</u>	

WRITE PLAINLY—USING 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

working under my personal supervision.

Student Embalmer No.

Signed

Neville B. Frohwitter

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

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.