

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21619**

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. **304** PRIMARY REG. DIST. NO. **6046** Registrar's No. **28**

920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Callaway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Callaway	
c. LENGTH OF STAY (in this place) 67 years		d. STREET ADDRESS (If rural, give location) 4 miles East of New Melle, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Lydia Bechtold			4. DATE OF DEATH (Month) (Day) (Year) June 4, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 11, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Toedebusch	13b. MOTHER'S MAIDEN NAME Elizabeth Berkemeier	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Elsie Kohler	ADDRESS New Melle, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Carcinoma of the Uterus		2 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Uterus DUE TO (c)		3 mo.
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 1952** to **June 1952**, that I last saw the deceased alive on **6/23**, 1952, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE H. C. McManis, M.D. (Degree or title)	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED 6/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/1952	24c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran	24d. LOCATION (City, town, or county) (State) New Melle, Mo.
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DATE REC'D BY LOCAL REG. July 3 1952	REGISTRAR'S SIGNATURE Martin J. Puff	25. FUNERAL DIRECTOR'S SIGNATURE Morris Marchant	ADDRESS Wentzville, Mo.
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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.

Signed.....

Howard O. Kessler

Signed.....

Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.