

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41496

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				e. STREET ADDRESS (If rural, give location) 219 Loughborough				2019 / 1	
3. NAME OF DECEASED (Type or Print) a. (First) PETER			b. (Middle) ***		c. (Last) BECHT		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1954		
5. SEX <input type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 11, 1869		9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months	11. UNDER 2 RES. Hours	12. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Paulina (Unk.)		14. NAME OF HUSBAND OR WIFE Bessie Pipkins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joseph Mertens 688 Bellsworth, Lemay 23 Mo.				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, apical, bilateral.				INTERVAL BETWEEN ONSET AND DEATH Unknown	
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 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)		002X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July, 1954, to Dec. 5, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 4:30A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.			23b. ADDRESS Osato, Mo.			23c. DATE SIGNED Dec 6, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) 12151 Lemay Ferry Road, Lemay, Mo.				
DATE REC'D BY LOCAL REG. 12-7-54		REGISTRAR'S SIGNATURE Kathleen Marden		141 25. FUNERAL DIRECTOR'S SIGNATURE C. Holmeister U. & L. Co.		ADDRESS 7814 S. Broadway St. Louis 11 Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO MISSOURI

RECEIVED

DATE RECEIVED

DEC 14 1954

DEC 22 1954

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.....
Signature of Student Embalmer

Signed *James C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brown

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.