

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37998**
Registrar's No. **10368**

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	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 32 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6711 Michigan		e. STREET ADDRESS (If rural, give location) 6711 Michigan	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) E c. (Last) Bechler			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Grab		13b. MOTHER'S MAIDEN NAME Margaret Nash		14. NAME OF HUSBAND OR WIFE (DECEASED)	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter Bechler	ADDRESS 6711 Michigan
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cc - of - Stomach		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES		
	DUE TO (b) Heart Act. - 9 years		
	DUE TO (c) Pneumonia		
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 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Nov. 24, 1955**, to **Nov. 25, 1955**, that I last saw the deceased alive on **11/25/55**, and that death occurred at **10:30am**, from the causes and on the date stated above.

23a. SIGNATURE Dr. L. H. Beck	(Degree or title)	23b. ADDRESS 1504 S. Grand Ave	23c. DATE SIGNED 11/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/28/55	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.	24d. LOCATION (City, town, or county) (State) Lemay Mo.

DATE REC'D BY LOCAL REG. NOV 28 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	ADDRESS 7420 Michigan
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 31

P. O. Address 7420 M

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.