

6116

THE DIVISION OF HEALTH OF MISSOURI

No. 300

10.48

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

1408

BIRTH NO. <u>7425-56</u>		REG. DIST. NO.	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>1408</u>
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>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>De Soto</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>12 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>511 Allen Ave</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara Faye</u>		b. (Middle) <u>Bechler</u>		c. (Last) <u>Bechler</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 1956</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>signed</u>	8. DATE OF BIRTH <u>2-7-56</u>	9. AGE (In years last birthday) <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Delmar van Bechler</u>		13b. MOTHER'S MAIDEN NAME <u>Gladys Wilson</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Halborn</u> ADDRESS <u>500 S. Kingshighway</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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 <u>776x</u>		20. AUTOPSY? YES <input checked="" 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 <u>2-7-1956</u> to <u>2-7-1956</u> , that I last saw the deceased alive on <u>2-7-1956</u> , and that death occurred at <u>2:40p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Barbara J. Uetti</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Childrens Hospital</u>		23c. DATE SIGNED <u>FEB 9 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto Mo</u>
DATE REC'D BY LOCAL REG. <u>FEB 9 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B Dietrich</u> ADDRESS <u>De Soto Mo</u>

(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

*Not embalmed*

Signed..... *Donnell Deitrick*

Licensed Embalmer No.....

P. O. Address..... *Desoto, Ga*

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.