

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022674

FILED JUL 13 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 6267** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in lb _____  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4809 Hamburg</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  d. STREET ADDRESS (If outside, give location) <b>4809 Hamburg</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>3. NAME OF DECEASED</b> First Middle Last <b>Joseph C. Becherer</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>July 1, 1959</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Apr. 9, 1872</b>	<b>9. AGE (last birthday)</b> <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Gardener</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Francis X Becherer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> -----		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Becherer</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> Address <b>Mary Becherer 4809 Hamburg</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myo cardiac fibrillation</b> DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) <b>Dilatation of aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH ---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Older arthritis present since 1945</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____
<b>20c. TIME OF INJURY</b> Hour a.m. _____ p.m. _____ Month, Day, Year _____		

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE _____
<b>21. I attended the deceased from</b> _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 1:50 am _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

<b>22a. SIGNATURE</b> <b>Eugene H. Strittmatter</b> (Degree or title) <b>D.O.</b>		<b>22b. ADDRESS</b> _____	<b>22c. DATE SIGNED</b> <b>7-1-59</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>July 3, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>N. St. Marcus Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>John L. Ziegenhein &amp; Sons 7027 Gravois</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUL 2 '59</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Roan Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Benz

Licensed Embalmer No. 4863

P. O. Address St. Louis Mo

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.