

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000830

FILED VS JAN 11 1960 88

Registration District No. _____ Primary Registration District No. 5326 Registrar's No. 53

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec	Length of stay in 1b 25 yr.	c. CITY OR TOWN	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. S.W. of Cuba, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SAME AS 1c.

3. NAME OF DECEASED (Type or print) First Charles Middle Edward Last Becherer			4. DATE OF DEATH Month JAN. Day 4 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 11 Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Executive	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Joseph Becherer	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE
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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. 488-012-037	17. INFORMANT E.E. Becherer Address 6131 Lucille Ave. St. Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: We the Jurors find that the deceased		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Came to his death by a shotgun wound inflicted on his right back side, and we further		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) find that there is good reason to believe that said wound was unlawfully and feloniously		
DUE TO (c) inflicted by one Leslie Leland Smith		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry M. Jones	(Degree or title) Dr. Robert D.	22b. ADDRESS Steelville, Mo	22c. DATE SIGNED 1/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-9-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Louis Mo

24. FUNERAL DIRECTOR Math Hermann + sons	ADDRESS Fair + West Florissant St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 1/8/60	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 1

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 W. J. Burd

Licensed Embalmer No. 4207

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.