DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042571

STATE FILE NUMBER

VS NOV 17 1960 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 123

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Imperial
Length of stay in 1b: 1-year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Four Oaks Nurs.Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St.Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2910 Miami St.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Sebastian Middle: Last: Lechner
4. DATE OF DEATH: Month: Nov. Day: 9, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 5/5/81
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Benedict Lechner
13b. MOTHER'S MAIDEN NAME: Appolonia Siegrist
14. NAME OF HUSBAND OR WIFE: Dorothy Lechner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Steven S. Lechner - 2910a Miami St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Arterial Sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/6/60, to 11/9/60 and last saw ~~her~~ him alive on 11/9/60
Death occurred at 4:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles Burnside (Degree or title) M.D.
22b. ADDRESS: 206 W. Argonne Kirkwood 22 Mo
22c. DATE SIGNED: 11/10/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov.12,1960
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: 11-12-60
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

or by _____, Student Embalmer No. ___

working under my personal supervision.

Student _____ Signed Felix J. Krisp

Signature of Student Embalmer

Licensed Embalmer No. 34

P. O. Address St. Ta

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