

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024860

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary-Registration District No. **1003**

Registrar's No. **6058**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 2 1962**

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>LEMAY</b>	
Length of stay in lb <b>4 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>800 VICTORY DR</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>FRANK</b> Last <b>LECHNER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-21-1928</b>
9. AGE (last birthday) <b>33</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>26</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUDA VITCH EXCAVATING COMPANY</b>	
11. BIRTHPLACE (City and state or country) <b>ST LOUIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH P. LECHNER</b>		13b. MOTHER'S MAIDEN NAME <b>MATHILDA VASEL</b>	
14. NAME OF HUSBAND OR WIFE <b>ESTHER LECHNER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NIL</b>	
16. SOCIAL SECURITY NO. <b>NIL</b>		17. INFORMANT <b>ESTHER LECHNER</b> Address <b>800 VICTORY DR, LEMAY MO 64060</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY THROMBOSIS</b> DUE TO (c) <b>420.1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6-12-62</b>
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 type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	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.) <b>420.1</b>	20f. CITY, TOWN, OR LOCATION <b>LEMAY</b> COUNTY <b>ST LOUIS</b> STATE <b>MO</b>
21. I attended the deceased from <b>6-13-62</b> to <b>6-16-62</b> and last saw him alive on <b>6-16-62</b> . Death occurred at <b>7:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. H. Godelle M.D.</b> (Degree or title)		22b. ADDRESS <b>4971 Chippewa St.</b>	22c. DATE SIGNED <b>6-18-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JUNE-19-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT OLIVE Cem.</b>	23d. LOCATION (City, town, or county) <b>LEMAY Mo</b> (State)
24. FUNERAL DIRECTOR <b>FEY FUNERAL HOME MEHLVILLE Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JUN 18 1962</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

*Gustav W. Pichler*

Licensed Embalmer No. 4329

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.