

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

NOV 23 1937

**1. PLACE OF DEATH**

County Franklin  
Township Mon  
City Mon (No.         )

Registration District No. 300  
Primary Registration District No. 5417

File No. 37622  
Registered No.          St.          Ward         

2  
1

**2. FULL NAME**

(a) Residence, No.          St.          Ward         

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Bechant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov 5, 1937

I last saw him alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:  
Dysipelas

Date of onset 10/30/37

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

10. Date deceased last worked at this occupation (month and year) Nov 1937 11. Total time (years) spent in this occupation         

Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? No

MOTHER 13. NAME Estellie Bechant

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19         

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Elizabeth Pope

Manner of injury         

Nature of injury         

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify         

17. INFORMANT Mrs. Hies Kunderlich (ADDRESS) 4137 Fern Ave. St. Louis, Mo.

(Signed) H. J. Matthews, M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Nov 8, 1937

(Address) Gearyport, Mo.

19. UNDERTAKER (ADDRESS) 3710 N. Grand St. Louis, Mo.

Registrar J. H. Matthews

20. FILED 11-5-1937

