

RECD JUN 12 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16766

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. St. Anthony Hosp/) St. _____ Ward _____

File No. _____
Registered No. 4300
St. _____ Ward _____

2. FULL NAME

230 Mary Becht
819 Dammert

(a) Residence, No. _____ St. NR Ward. LEMAY, MO
(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

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Becht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 4 4

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME ? Brandt

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

15. MAIDEN NAME ? Ulga

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

17. INFORMANT Fred Becht
(ADDRESS) 819 Dammert

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Ma y 10/39

19. UNDERTAKER Fendler Und.Co.
(ADDRESS) 7420 Michigan Ave.

20. DATE OF DEATH MAY 9 1939 Registrar. J.D. Becht

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939, to May 7, 1939

I last saw h. c. r. alive on May 7, 1939 Death is said to have occurred on the date stated above, at c. r. m.

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

Empyema of gall bladder with stones

26
Diabetes Mellitus

Name of operation Cholecystomy Date of May 6

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) Jean J. Nezy M. D.

(Address) 2001 Cherokee

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The body of Mary Becht was embelung by
Oliver E. Penderle Apprentice # 186 -

Harry J. Schumaker Embolus # 2679
