

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.

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

Do not use this space.

RECD SEP 14 1939

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 791
Township St. Louis Mo. Primary Registration District No. 1003
City St. Louis Mo. (No. Mo. Baptist Hospital) Registered No. 27421
St. St. Louis Mo. Ward 692i

2. FULL NAME

(a) Residence, No. Missouri Baptist S. Hosp. NR Ward. Bellville Illinois
(Usual place of abode) South Taylor Ave (If nonresident, give city or town and State)
Length of residence in city or town where death occurred frs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1881
7. AGE YEARS 58 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Goods Store
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Illinois

13. NAME Jacob Becherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York

15. MAIDEN NAME Marie Desphines Donold

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

17. INFORMANT (ADDRESS) Mrs. Marie Becherer 430 - South Taylor Bellville, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves, Mo. DATE Aug - 10th 1939

19. UNDERTAKER (ADDRESS) Geo. Reamer Bellville Illinois

20. FILED AUG 9 1939 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1939, to Aug 8, 1939.
I last saw h.l. by alive on 8 - 8, 1939. Death is said to have occurred on the date stated above, at 10.55 a.m.

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

Diabetes Mellitus
59
Diabetic gangrene
Date of onset

Other contributory causes of importance:

Diabetic gangrene

Name of operation none Date of no

What test confirmed diagnosis? exam Was there an autopsy? no

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 1

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

If so, specify Jacobi & Canney (Signed) J. J. Beckwith (Address) 525 - 7th St. Bellville, Mo. M. D.

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Com. Black *[illegible]*
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