

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37562**
Registrar's No. **9401**

Registration District No. **1003** Primary Registration District No. _____

1. PLACE OF DEATH: **1003 /**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Christian Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rachel Alma Bechtold 234**
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George Bechtold**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **November 28, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 3 hr. min.

9. Birthplace **Manchester, Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Unknown** **4** **930**

13. Birthplace **Scotland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **1**
(City, town, or county) (State or foreign country)

15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George Bechtold**

(b) Address **1439 East Prairie Ave**

17. (a) **Cremation** (b) Date thereof **11-3-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **NOV 2 1939** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1439 East Prairie Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**
year **1939** hour **7:35 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **4-20**
1938, to **10-31**, 19**39**
that I last saw **her** alive on **10-31**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Pyelitis non calculosa**
Due to _____

Other conditions **pyelitis & cystitis**
(Include pregnancy within 3 months of death)
non calculosa, nongonococci

Major findings: **non tubercular**
Of operations _____
Of autopsy **conformed to post-**
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **J. F. Bredich** (M. D. or other) **MD**
Address **400 5th St. St. Louis** Date signed **11-3-39**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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 this body is not embalmed, above space should be left blank.