

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.

JAN 12 1940 721
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Alexion Bros. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da (Specify whether years, months or days)
In this community 4 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Genay - NR
(If outside city or town limits, write "RURAL")
(d) Street No. 819 Dammert
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Fred Becht
3. (b) If veteran, name war no
3. (c) Social Security No. 484-05-2479
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 6 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13th
year 1939 hour 10 minute _____ M.
21. I hereby certify that I attended the deceased from Dec 9th, 1939, to Dec 13, 1939;
that I last saw him alive on Dec 12, 1939
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

Duration
<u>acute Pancreatitis</u> <u>4 days</u>
<u>Chronic cholecystitis</u> <u>5 years</u>

9. Birthplace Missouri (State or foreign country)
10. Usual occupation brewery worker, laborer
11. Industry or business Busch Brewery
12. Name Wilferd Becht
13. Birthplace Germany (State or foreign country)
14. Maiden name Susana Becher
15. Birthplace Missouri (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Chronic cholecystitis & stones & acute Pancreatitis
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Joseph Spindler
(b) Address 819 Dammert Ave.
17. (a) burial (b) Date thereof Dec. 15/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathew
18. (a) Signature of funeral director Fendler Umd, Co.
(b) Address 7420 Michigan Ave.

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?
While at work _____ (Specify type of place) (a) Means of injury _____

19. (a) DEC 15 1939 (b) _____
(Date received by local registrar) (Signature of Registrar)

23. Signature J. J. Mery (M. D. or other) MD
Address 2001 Chouteau Date signed 12/13/39

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis

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.