

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

2452
State File No. 838

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Illinois b. COUNTY Macoupin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Staunton		999	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, O				d. STREET ADDRESS (If rural, give location) 823 W. 6th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) J.		c. (Last) Bechem	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 29, 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining		9. AGE (In years last birthday) 59		12. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) Germany		13a. FATHER'S NAME William Henry Bechem		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena Bechem	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Bechem, Staunton, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung, right		ANTECEDENT CAUSES					6 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					1
DUE TO (c) _____		DUE TO (c) _____					1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Bronchial asthma					2 years
19a. DATE OF OPERATION 1/26/49		19b. MAJOR FINDINGS OF OPERATION Right pneumonectomy - Carcinoma of right lung					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		163	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 19, 1949, to Jan. 27, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 7:45 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Bradley M.D.				23b. ADDRESS Barnes Hospital.		23c. DATE SIGNED 1/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-28-49		24c. NAME OF CEMETERY OR CREMATORY Staunton Memorial		24d. LOCATION (City, town, or county) (State) Staunton, Ill.	
DATE REC'D BY LOCAL REG. JAN 28 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

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, fact should be so stated above.