

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34574

State File No.

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>8692</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, indicate before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				10. STREET ADDRESS (If rural, give location) <u>3046 Rolla Place</u>			
3. NAME OF DECEASED a. (First) <u>Sarah</u> (Type or Print)			b. (Middle) <u>Pancoast</u>		c. (Last) <u>Bechtold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13th, 50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 14, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Fanning Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Charles Pancoast</u>			13b. MOTHER'S MAIDEN NAME <u>Cath. Riffle</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Bechtold</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adele Bechtold Tecklenburg 3046 Rolla Place</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>210</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input 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)			
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? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>2-17-1949</u> to <u>10-13-1950</u> , that I last saw the deceased alive on <u>10-13-1950</u> , and that death occurred at <u>2:20 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W N Williams M.D.</u> (Degree or title)				23b. ADDRESS <u>2803 N. Kirk Highm</u>		23c. DATE SIGNED <u>10-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. S. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Finan & Sons 1519 S. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

5

Handwritten initials/signature

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.