

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28760
7600

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 5009 Grace ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5009 Grace ave.		215-9 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) ----	c. (Last) Bechler	4. DATE OF DEATH (Month) (Day) (Year) August 16, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 22, 1863	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo.			12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Meine	13b. MOTHER'S MAIDEN NAME Margaret Becker	14. NAME OF HUSBAND OR WIFE Joseph
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tina F. Hahn	ADDRESS 5009 Grace ave.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from **July 16, 1952**, to **August 16, 1954**, that I last saw the deceased alive on **August 16, 1954**, and that death occurred at **12.30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED 8/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) 10100 Gravois ave. Affton, Mo.
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DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE AUG 17 1954 <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister & L. Co.	ADDRESS 7814 S. Broadway
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21.916 (Licensed Embalmer's Statement on Reverse Side)

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

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

Levin C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.