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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

5988

1003 STATE FILE NUMBER 1581

Registration District No. ..... Primary Registration District No. ..... 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, give TOWNSHIP only) OR TOWN 915 N Grand St. Louis, Mo. — Inside Limits Yes X No ☐	c. CITY OR TOWN WEBSTER GROVES 4000 0 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL — Length of stay in 1b 2 Days	d. STREET ADDRESS 970 Woodbine (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: CHARLES	Middle: S.	Last: BECHTEL	4. DATE OF DEATH: Month 2 Day 15 Year 1957
5. SEX: MALE 0	6. COLOR OR RACE: WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 5/3/94	9. AGE (In years last birthday): 62 yrs. — IF UNDER 1 YEAR: Months 9 Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Landscaper	11. BIRTHPLACE (City and state or country): Advance, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Bechtel		14. MOTHER'S MAIDEN NAME: Margaret Swain		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1		16. SOCIAL SECURITY NO.: 498-12-3772	17. INFORMANT: V. A. HOSPITAL RECORDS — Address: ST. LOUIS, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNK

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS — UNK

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2/13/57 to 2/15/57 and last saw her/him alive on 2/15/57

Death occurred at 11:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. F. Westphaelinger (Degree or title) M.D.	22b. ADDRESS: 915 N Grand St. Louis 6, Mo.	22c. DATE SIGNED: 2/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify): H. F. WESTPHAELINGER, M. D.	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY: National Cem.	23d. LOCATION (City, town, or county) (State): St Louis MO
24. FUNERAL DIRECTOR: Louis H. Bopp Jr. — ADDRESS: 131 W. Argonne Dr. Kirkwood, Mo. (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG.: FEB 15 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Wyland Jr.

Licensed Embalmer No. 45

P. O. Address Kirkwood,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.