URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041537

FILED VS NOV 2 0 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210126 STATE FILE NUMBER

MENDED

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 St.Louis — Length of stay in 1b	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2248a So.Jefferson Ave — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2248a So. Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First Clemens	Middle G.	Last Bechler	4. DATE OF DEATH	Month Nov. Day 3, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/10/~~82~~ 1881	9. AGE (last birthday) ~~77~~ 78	IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker(retired)	10b. KIND OF BUSINESS OR INDUSTRY Devine Church	11. BIRTHPLACE (City and state or country) St.Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Joseph Bechler	13b. MOTHER'S MAIDEN NAME ~~Unknown~~ Anna Maria Faith	14. NAME OF HUSBAND OR WIFE Louise Seibert Bechler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO. none	17. INFORMANT Louise Bechler-2248a So.Jefferson			

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

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

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 _____ and last saw her/him alive on _____

Death occurred at 500 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coroner	22b. ADDRESS 1200 Clark	22c. DATE SIGNED 11/4/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov.7,1959	23c. NAME OF CEMETERY OR CREMATORY New St.Marcus Cemetery	23d. LOCATION (City, town, or county) St.Louis, (State) Missouri
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 4 1959	26. REGISTRAR'S SIGNATURE Carl Smith. M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

March 10,1882	77	12/8/59
March 10,1881	78	12/8/59
9	9	11

Items 13a,13b added

BY AFFIDAVIT OF Funeral Director

DOCUMENT St. Louis Birth Cert.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.