

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

Registration District No. _____

File No. **15894**

Village _____

Primary Registration District No. _____

Registered No. **3509**City **St Louis Mo** (NO. **3007** th **Miami St.** St.: **11th** Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME **Fredrick G. Becker**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX **male** COLOR OR RACE **white** SINGLE **single**
MARRIED
WIDOWED
OR DIVORCED
(Write the word)DATE OF DEATH **April 8, 1911**
(Month) (Day) (Year)DATE OF BIRTH **Feb 16, 1882**
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from **April 7, 1911**, to **April 8, 1911**, that I last saw him alive on **April 7, 1911**, and that death occurred, on the date stated above, at **4 a.m.**AGE **29** yrs. **1** mos. **23** ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work **Sticker**

(b) General nature of industry, business, or establishment in which employed (or employer) _____

Bronch pneumonia
10975
(Duration) ___ yrs. ___ mos. ___ ds.BIRTHPLACE (City or town, State or foreign country) **Higland Ill**

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

PARENTS
NAME OF FATHER **Geo H. Becker**
BIRTHPLACE OF FATHER (City or town, State or foreign country) **New York**
MAIDEN NAME OF MOTHER **Elizabeth Hellbig**
BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Indiana**(Signed) **april 8, 1911** **M. D.**
2800 Chippewa (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Frank B. Blount**
(ADDRESS) **3105 So Grand ave**LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence.Filed **APR 10 1911** **Wheeler Bond**
REGISTRARPLACE OF BURIAL OR REMOVAL **Calvary cemetery** DATE OF BURIAL **April 10, 1911**
UNDERTAKER **15 Locust St & Cor 3105 So Grand** ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative health of various pursuits can be known. The question lies to each and every person, irrespective of

or many occupations a single word or term on line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many

especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the business or industry, and therefore an

additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material

may form part of the second statement. For example, "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Laborer*, *Farm laborer*, *Laborer—Coal mine*, etc.

at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife*, *At home*, and children, not gainfully employed, as *At home*. Care should be taken to

specifically the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housewife*, *Domestic*, *Locomotive engineer*, etc. If the occupation has been changed or given

account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired) (yrs.). For persons who have no occupation at the time of death, write *None*.

Statement of cause of death.—Name, first, the disease (the primary affection with respect to time and causation), using always the same term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of " "); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite); *Tuberculosis*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichoemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)