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

Do not use this space.

38667

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 100 Russell Ave. St. ..... Ward)

File No. ..... Registered No. 11369

2. FULL NAME John St. Becker

(a) Residence (Usual place of abode) No. 100 Russell Ave St., 23 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Supr.

(b) General nature of industry, business, or establishment in which employed (or employer) City Dog Pound

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) "

14. INFORMANT John St. Becker Jr.

(Address) 100 Russell Ave.

15. FILED DEC 20 1927, 19..... Marl C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Dec 19, 1927, that I last saw h. alive on Dec 15, 1927, and that death occurred, on the date stated above, at 9 a.m.

59 THE CAUSE OF DEATH* WAS AS FOLLOWS:

93c Diabetes mellitus

Chronic Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 57

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. H. Chapman M.D.

12/19, 1927 (Address) 6 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus — DATE OF BURIAL Dec. 22 1927.

20. UNDERTAKER Ziegenheim Bros. 2623 — ADDRESS Chouteau Av.

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.