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

Do not use this space.

6673

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2326 North Market St. ..... Ward)

File No. ..... Registered No. 1622

2. FULL NAME Gustav H Becker

(a) Residence. No. ..... St., 20 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 31 - 1864

7. AGE: Years 63 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired - Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Theodore Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophie Hahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germantown (STATE OR COUNTRY): Ohio ~~[illegible]~~

14. INFORMANT: Mary Becker
(Address): 2326 North Market

15. FILED FEB 14 1928, 19..... Max C. Tarkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1927, to Feb 11, 1928 that I last saw h. [illegible] alive on Feb 11, 1928, and that death occurred, on the date stated above, at 10:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
131
93C (duration) 6 yrs. ..... mos. 26 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis — Chronic Interstitial Nephritis (duration) 6 yrs. ..... mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

57

(Signed) L. W. Davies, M.D.
Feb 11, 1928 (Address) 2337 N. Market St

*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: Mount Lebanon Cemetery
DATE OF BURIAL: Feb 14 1928

20. UNDERTAKER: Wm Stemmadon
ADDRESS: 1844 N Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.