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.

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

Do not use this space.

7034

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1C..

City St. Louis (No. 1411 Carr St. ..... Ward)

File No. .....

Registered No. 2002

2. FULL NAME Leah Becker

(a) Residence. No. 4845 Page St., 6 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: female
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: Jacob Becker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unk

7. AGE: Years ab 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Volhynia
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER: Henry Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER: Ida Sarah Mulcahon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

14. INFORMANT: J Becker
(Address) 4845 Page

15. FILED FEB 23 1928, 19.. Max C. Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from January 9, 1928, to February 19, 1928 that I last saw her alive on Feb 19 1928, and that death occurred, on the date stated above, at 5 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
93C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) Nathan Silsky, M. D.
2/22, 1928 (Address) 3704 Shreve Ave

*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: Hevre Kedisha
DATE OF BURIAL: 2/23 1928

20. UNDERTAKER: H B Berger
ADDRESS: 4715 McPherson