JL 27 1925

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

Do not use this space.

22581

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 233

City Koch, Mo. (No. Rot Koch Hospital St. Ward)

2. FULL NAME Michael Becker

(a) Residence. No. 3225 Minnesota St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 11 ds. How long in U.S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ? July 17-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
~~39~~	38	11	1	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

PARENTS
10. NAME OF FATHER ? unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " (STATE OR COUNTRY) ? "
12. MAIDEN NAME OF MOTHER ? "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " (STATE OR COUNTRY) ? "

14. INFORMANT Robert Koch Hospital records
(Address) Koch, Mo.

15. FILED June 18, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1929, to June 18, 1929, that I last saw him alive on June 18, 1929, and that death occurred, on the date stated above, at 11.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

234

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Laryngeal Involvment

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Do not know
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum and X-Ray

(Signed) Chas. S. Rosser, M.D.
6-18-, 1929 (Address) Koch Hospital, Koch, Mo

*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 Sunset Burial Park — DATE OF BURIAL 6-21 1929

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 S. B'dwy

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.

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