

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

Do not use this space.

6383

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1903**  
City **St. Louis** (No. **306 1/2 2<sup>nd</sup> St**) St. .... Ward)

File No. ....  
Registered No. **1152** St. .... Ward)

**2. FULL NAME**

**Christian Becker**  
(a) Residence. No. **306 1/2 2<sup>nd</sup> St**, St. **25** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 19, 1850.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**79 10 73**

8. OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work **Retired jeweler**

(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) **Germany**

10. NAME OF FATHER **Don't know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. Informant **Mrs. Mathilda Taylor** (Address) **1072 N. Pennsylvania**

15. FILED **11-3-33** **Miss C. Taylor** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 2, 1930.**

17. **No Physician in attendance.** I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at **10:30 AM**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocarditis**  
**93C**

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

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **J. H. Jewery, M.D.** 2/3, 1930 (Address) **Deputy Coroner**

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla Crem.** DATE OF BURIAL **Feb. 4, 1930.**

22. UNDERTAKER **Gas. W. Clark, Nodiamont Ave.** ADDRESS **1125**

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.

10 2230

