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

Do not use this space.

[redacted]

21183

File No. 21183

Registered No. 6044

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Conrad Becker

(a) Residence. No. 6106 Pennsylvania St. 13 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26. 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	3	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer "

92

9. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) Germany

16

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Orr Mullinax
(Address) 5400 Arsenal.

15. FILED ....., 19.. Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1929 to 6 - 20, 1930 that I last saw him alive on 6 - 20, 1930 and that death occurred, on the date stated above, at 7.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93c

1162

Chronic Myocarditis (duration) yrs. 8 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senile Dementia (duration) yrs. 8 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 9 B

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Orr Mullinax, M. D.

6 - 20, 1930 (Address) 5400 Arsenal

*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	DATE OF BURIAL
H. Matthews	6-23 1930
20. UNDERTAKER	ADDRESS 6320
Southern	S Grand Blvd

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.