

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

Do not use this space.

21302
~~21402~~

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1903

City St. Louis (No. 3041)

St. Vincent St. Ward)

File No.

Registered No. 6167

2. FULL NAME

(a) Residence. No. 3041 St. Vincent St. 17 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)

married

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

Elizabeth Becker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>69</u>	<u>6</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. retired
 (b) General nature of industry, business, or establishment in which employed (or employer). Cabinet maker
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Austria-Hungary

10. NAME OF FATHER Unknown Becker

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

12. MAIDEN NAME OF MOTHER Katherine Kauten

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

14. INFORMANT Andrew N. Becker

(Address) 3043 St. Vincent

15. FILED 25 1930 May C. Stork REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23rd 1930

17. I HEREBY CERTIFY that I attended deceased from June 23rd 1930 to June 23rd 1930 that I last saw him alive on June 23rd 1930 and that death occurred, on the date stated above, at 8:32 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

81A
8-11-1
Stroke - Apoplexy
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Arterio Sclerosis
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH DATE OF
 WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) C. S. Carson, M. D.
June 30 (Address) 1537 So. Broadway

*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 Mo. Crematory **DATE OF BURIAL** 6-26 1930

20. UNDERTAKER Witt Bur. & Co. 2929 S. Johnson Av. **ADDRESS**

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.

