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.

JUL 29 1931

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

Do not use this space.

22737

1. PLACE OF DEATH
County ST. LOUIS
Township CARONDELET
City (No. Mt. H. Rose Hosp. St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 E
File No.
Registered No. 231

2. FULL NAME Fred Becker
(a) Residence. No. 2735 Utah St., Ward.
(Usual place of abode) (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. C. Becker
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1895
7. AGE: 35 YEARS ~~36~~ MONTHS 11 DAYS 10 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Meat Cutter 1 yr.
(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) Missouri
PARENTS
10. NAME OF FATHER Fred Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ft. Lauin Mo.
12. MAIDEN NAME OF MOTHER Annie Stocker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ft. Lauin Mo.
14. INFORMANT Anton Mertez (Uncle) (Address) Hosp. Res.
15. FILED June 20, 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19 1931
17. I HEREBY CERTIFY, That I attended deceased from 5-8-31, 19..., to 6-19, 1931 that I last saw him alive on 6-19, 1931, and that death occurred, on the date stated above, at 9:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary TB.
238
25 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) TB. Enteritis.
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles H. Ehlers, M. D.
, 19 (Address) 9101 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: C. S. Peter & Paul
DATE OF BURIAL: 6/22 1931
20. UNDERTAKER: Sharkey Funeral Serv. Co.
ADDRESS: 4355 Washington Ave.