

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

Do not use this space.

✓ 27433

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 203
 City St. Louis (No. City Hospital)
 St. Ward

5798

2. FULL NAME

(a) Residence, No. 1443 Olive St., 25 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Becker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18-1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Illinois

MOTHER FATHER 13. NAME Charles Kaune

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Illinois

15. MAIDEN NAME Mary Wille

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Illinois

17. INFORMANT (ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 6 1932

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167-69 Hamilton Ave

20. FILED Aug - 5 1932 City Hospital Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1932 to Aug. 4th 1932
 I last saw her alive on Aug. 4th 1932 Death is said to have occurred on the date stated above, at 6:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
46B
11B 46B
 Other contributory causes of importance:
Secondary Anemia
 Date of onset

Name of operation Date of
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) McColligan M. D.
 (Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Becker