

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

Do not use this space.

28066

1. PLACE OF DEATH

County..... Registration District No. 191
Township..... Primary Registration District No. 13
City St. Louis (No. 6069 Cates) St. Ward)

File No.....
Registered No. 7953 St. Ward)

2. FULL NAME

John J. Becker
(a) Residence No. 6069 Cates St. 5 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1875</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>2</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinesawyer, bookkeeper, etc. <u>Resident 254</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Severe transportation</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>J. V. Becker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Barry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT <u>Mrs. Stella Becker</u> (ADDRESS) <u>6069 Cates Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Always</u> DATE <u>9-2 32</u>		
19. UNDERTAKER <u>Stroy & Galt</u> (ADDRESS) <u>2707 N. Broadway</u>		
20. FILED <u>SEP 1 1929</u> <u>May Starn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-30 1932

22. I HEREBY CERTIFY, that I attended deceased from New York 1931 to Aug 29 1932
I last saw him alive on Aug 29 1932 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Banana Disease (Date of onset 9/13 97)
97 97
Other contributory causes of importance:
Antonie's disease emo

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) O. A. DeCoursey, M. D.
(Address) 1600 Marquette

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.

