

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1A083
 City St. Louis, (No. 4447 Dewey Avenue. St. Ward)

21135
 File No.
 Registered No. **4903**
 St. Ward)

2. FULL NAME

John Becker

(a) Residence, No. 4447 Dewey Avenue. St. 15 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 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 Emma Becker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1852.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 12.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dyer & Claener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 25 yrs.

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) Germany.

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Harry E. Becker
4447 Dewey Avenue.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peter & Paul Cem DATE June 7, 1933.

19. UNDERTAKER (ADDRESS) K. H. Gebken Jr & Co.
107 1/2 2842 Keramec St.

20. FILED J. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1933, to 6-4, 1933

I last saw him alive on 6-3 p.m., 1933. Death is said to have occurred on the date stated above, at 10:50 A m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 20 3 yrs. ago
186 A
1943
151

Other contributory causes of importance:
Chron. Pan. nephritis
Emphysema
Fell + Bruised lower chest - Frac. rib?

Name of operation Date of
 What test confirmed diagnosis? Chronic 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) Walter M Jones, M. D.
 (Address) 3400 Madison

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.

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

