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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1160 — File No. 24401

10 Township Central — Primary Registration District No. 4470 — Registered No. 76

5 City University City No. 7264 Greenway Ave St. Ward)

2. FULL NAME Charles A. Becker

(a) Residence, No. 7264 Greenway Ave St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Rowena E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28th 1878

7. AGE: 55 YEARS — MONTHS: 3 — DAYS: 9 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industrial Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Benj Moore Paint Co.
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) St Louis Missouri

FATHER

13. NAME Heftman Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Rowena E. Becker 7264 Greenway Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 10 1933

19. UNDERTAKER (ADDRESS) Wagoner Fund Co 3621 Olive St.

20. FILED July 10, 1933 Lena V. Moeller D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1933, to July 7th, 1933.
I last saw him alive on July 7th, 1933. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Angina Pectoris — Date of onset July 3rd 33

944
93

944

Other contributory causes of importance:
myocarditis (acute) — 1 month.

Name of operation none — Date of —
What test confirmed diagnosis? X Reg. Blood Pressure — Was there an autopsy? none.

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? None (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 natural cause —
(Signed) Scott Henry M.D., M. D.
(Address) 1106 Mo. Bldg. St. Louis, Mo.

55 in March last.
28th.

OCT 3 1957