

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.

Oct 29 1934

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

Do not use this space.

37546

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **203**  
City **St. Louis Mo.** (No. **4758 Milentz Ave**)

File No. ....  
Registered No. **9991**  
St. .... Ward)

2. FULL NAME **Herman Becker**

(a) Residence, No. **4758 Milentz** St. **2** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **71** 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**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 8th 1863**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**71 0 3**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Painter**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Buildings**  
10. Date deceased last worked at this occupation (month and year) **1931** 11. Total time (years) spent in this occupation **50**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.** (STATE OR COUNTRY)

13. NAME **Casper Becker**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Anna Will**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Catherine Becker** (ADDRESS) **4758 Milentz**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews** DATE **Oct. 13 1934**

19. UNDERTAKER **Henry L. Weidemuller** (ADDRESS) **6203 Gravois**

20. FILED **12 1934** Registrar **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 11 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 28 1932** to **Oct 11 1934**  
I last saw him alive on **Oct 10 1934** Death is said to have occurred on the date stated above, at **5:10 P.M.**

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

**Cerebral Hemorrhage**  
**(severe) 92 Oct 29**  
Other contributory causes of importance: **Arterio Sclerosis**

Name of operation **none** 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) **H. Schmeiner**, M. D.  
(Address) **6849 Gravois Ave**

