

JUN 2 1935

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

Do not use this space.

791

18153

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City **St. Louis** (No. **3009 Wyoming St.**) St. Ward

File No.....
Registered No. **4497**
St. Ward

2. FULL NAME

(a) Residence, No. **3009 Wyoming** St., **16** 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 27 - 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Cigar Salesman**

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

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 mo**

13. NAME **Chas. Becker**

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

15. MAIDEN NAME **Elizabeth Heinemann**

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

17. INFORMANT (ADDRESS) **Corrine Becker 3009 Wyoming**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Forest** DATE **May 21 1935**

19. UNDERTAKER (ADDRESS) **M. Schumacher 913 Meramec**

20. FILED **HY 20 1935** **J. J. Budeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18 1935**

22. I HEREBY CERTIFY That I attended deceased from **Nov 5, 34** 19..... to **May 18,** 1935
I last saw him alive on **May 18,** 1935. Death is said to have occurred on the date stated above, at **10:30 P.M.**

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: **930**

Chronic Bronchitis Chronic

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?.....
If so, specify.....
(Signed) **J. J. Budeck**, M. D.
(Address) **7712 Wyoming**

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.

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