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.

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

AUG 12 1935

Do not use this space.

22189

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 742

City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Male Becker

(a) Residence, No. 144 Park Lane St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1935.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 400 hrs. or 55 min.
00	00	00	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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. Joseph, Missouri. Missouri

FATHER

13. NAME August Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osnabrueck, Germany

MOTHER

15. MAIDEN NAME Elizabeth Pretz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) August Becker 144 Park Lane Apt St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemt

PLACE St. Joseph, Mo. DATE July. 13 1935

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED 7-14 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July. 13, 1935

22. I HEREBY CERTIFY That I attended deceased from July 13 1935 to July 13 1935

I last saw her alive on July 13, 1935 Death is said to have occurred on the date stated above, at 10/10am

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

Premature (6 mon).

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. 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) Frank Sturdigan, M. D.

(Address) Kincaid Bldg.