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

SEP 16 1935

Do not use this space.

File No. 27601

Registered No. 6640

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. Desloge Hospital St. .....Ward)

2. FULL NAME MARIE BECKER

(a) Residence, No. 3419 Park Ave. St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	6	17	

OCCUPATION

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

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 life

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

FATHER

13. NAME Robt. L. Worthlin

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Robert Becker

(ADDRESS) 7146 Manchester Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 8/5 1935

19. UNDERTAKER Grogan Und. Co. Inc

(ADDRESS) 7146 Manchester Ave

20. FILED AUG - 3 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6 - 20, 1935, to 8 - 2, 1935

I last saw her alive on 8 - 2, 1935. Death is said to have occurred on the date stated above, at 7:00 A m.

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

	Date of onset
arteriosclerotic Heart Disease	
Other contributory causes of importance:	

97

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) A. T. Briggs, M. D.

(Address) Fermin Desloge Hospital