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

FEB 8 1937 791

Do not use this space.

File No. 4208
Registered No. 1252

1. PLACE OF DEATH

County ..... Registration District No. 1003
Township ..... Primary Registration District No. ....
City St. Louis (No. 3923a, Hartford Str. St. ..... Ward)

2. FULL NAME Margaret Becker

(a) Residence, No. 3923a Hartford St., 16 Ward. 1
(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 Michael Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 30
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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 1

FATHER

13. NAME John Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

MOTHER

15. MAIDEN NAME Mary Brunelle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Walter Becker
(ADDRESS) 3923a Hartford St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter + Paul DATE 1-30-37, 19

19. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa Str.

20. JAN 28 1937, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1932, to Jan. 27th, 1937
I last saw her alive on Jan. 27th, 1937. Death is said to have occurred on the date stated above, at 8 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	10/1/36
Other contributory causes of importance:	
Arterio-Sclerosis	10 yrs.

Name of operation — Date of
What test confirmed diagnosis? Hemiplegia 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) Albert Dersbach, M. D.
(Address) 3548 S. Grand Ave.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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