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

Do not use this space.

FEB 8 1937

File No. 4316

Registered No. 1380

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 2857 Osceola St. 2 St. ..... Ward)

2. FULL NAME John B. Becker 1

(a) Residence, No. 2857 Osceola St. St., 15 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1875.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	11	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 184

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) Waterloo Ill. 2

FATHER

13. NAME John A. Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Amalia Berger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Mary M. Becker
(ADDRESS) 2857 Osceola St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathew Cem DATE Feb. 2, 1937

19. UNDERTAKER J. H. Gebhard and Co.
(ADDRESS) 2824 Meramec St.

20. FILED JAN 31 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to Jan 29, 1937

I last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 7 30 p m.

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

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Chronic Nephritis	

131

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

What test confirmed diagnosis? X Ray Was there an autopsy? .....

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) Richard M. Jansen, M. D.

(Address) 7363 Manchester Av

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

X9314