APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9937

Township ..... Primary Registration District No. 1003 Registered No. 2497

City St. Louis (No. Alexian Bros. Hospital St. ..... Ward)

2. FULL NAME Ben H. Becker

(a) Residence, No. 3629 Ohio St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	6	14	

OCCUPATION

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

FATHER

13. NAME Henry Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Julia Whaley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Bertha Becker 3629 Ohio Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker Cem. DATE Mar. 4, 1937

19. UNDERTAKER (ADDRESS) Weick Bros. 2201 So. Grand Blvd.

20. FILED MAR 3 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1934, to 3-1, 1937

I last saw him alive on 3-1, 1937. Death is said to have occurred on the date stated above, at 4:00 m. P.M.

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

	Date of onset
Carcinoma of sigmoid	1933

Other contributory causes of importance: HC

Name of operation colostomy Date of 1934

What test confirmed diagnosis? clinical 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) O S Jones M. D.

(Address) 3616 S Bwdy

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.