

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.

OCT 14 1937

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

32573
Do not use this space.

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City of St. Louis (d) Street No. 1905a California
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 Baby Hubert Becker
 2. PRINT FULL NAME
 (a) Residence, No. 1905a California Avenue St. [23] (If nonresident, give city or town and State)

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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 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
 13. NAME Adolph Becker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Frædia Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 17. INFORMANT Adolph A. Becker (ADDRESS) 1905a California Avenue
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE Sept. 14, 1937
 19. FUNERAL DIRECTOR Dr. N. McLaughlin (ADDRESS) 2301 Lafayette Ave.
 20. FILED SEP 14 1937 J. H. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept-13, 1937, to Sept-14, 1937. I last saw him alive on Sept 14, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
 myocardial (Blut Baby) (congenital)
 Date of onset 15/11
 Other contributory causes of importance: Blut Baby
 Name of operation Date of
 What test confirmed diagnosis? 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? If so, specify J. M. Hayward, M. D. (Signed) 2025 St. Jefferson (Address)

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.R. Cooper

..... L: E:

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)