

007-4-1937

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

Do not use this space.

33108

791

1008

9162

1. PLACE OF DEATH
County **St. Louis**

Township

City

Registration District No.

Primary Registration District No.

(No. **919**)

North Taylor

File No.

Registered No.

St.

Ward

2. FULL NAME **Becker, (Stillborn)**

(a) Residence, No. **5260 Vernon** St. **12** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **infant**

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

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 31, 1937, to Sept 1, 1937**

I last saw h..... alive on....., 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 1, 1937**

to have occurred on the date stated above, at **3 A. m.**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. **Stillborn**

Abortion (not induced.) Date of onset **8/31/37**

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

Other contributory causes of importance: **?**

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

13. NAME **Charles Becker**

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME **Harriet Morrowitz**

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Charles Becker 5260 Vernon**

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **9/30/37**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. UNDERTAKER (ADDRESS) **David J. Gannon City Health Dept**

(Signed) **H. M. Rosenstein**, M. D.
(Address) **Hall Bldg St. Louis, Mo.**

20. FILED **J. J. Brebeck** Registrar

SEP 29 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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