

DEC 28 1937

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

42390
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 788
(b) Township Jeff Primary Registration District No. 471 Registered No. 109
(c) City Webster Groves (d) Street No. 867 Tuxedo Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Otto P. Becker

(a) Residence, No. 867 Tuxedo Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Anna Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 10 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as 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 Mo.

FATHER 13. NAME Wm. Becker

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

MOTHER 15. MAIDEN NAME Amelia Vollmar

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

17. INFORMANT (ADDRESS) Anna Becker 867 Tuxedo Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Nov. 26 1937

19. FUNERAL DIRECTOR (ADDRESS) Wm. Schumacher 3013 Meramec St.

20. FILED 11-24-1937 Julius H. Gore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1937, to 11/23, 1937
I last saw him alive on 11/22, 1937. Death is said to have occurred on the date stated above, at 8:40 P.M.
The principal cause of death and related causes of importance were as follows:

Paralysis
Date of onset 11/1/35
Other contributory causes of importance: g2

Name of operation None Date of None
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 Quintal's M. D.
(Signed) Quintal's
(Address) 3606 Travis - St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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.

406
Blair

STATEMENT BY LICENSED EMBALMER

I, Clarence Kochow, Licensed Embalmer No. 3093
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence Kochow
Licensed Embalmer No. 3093

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.)