

REC'D APR 11 1938

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

9243
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **2832**
(c) City **St. Louis** (d) Street No. **Deaconess Hospital** 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

EMMA BECKER, 260
(a) Residence, No. **3313 Church Road** St. **8**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William H. Becker**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 12, 1860**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**
13. NAME **Louis Zinser**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Not Known**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Miss Clara L. Becker**
3313 Church Road

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Mar. 28, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILE **MAR 25 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **February 15, 1938**, to **February 25, 1938**.
I last saw her alive on **February 24, 1938**. Death is said to have occurred on the date stated above, at **3:45 A. M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
Chronic Cholecystitis with stones
Chronic Pyelitis, Bilem?
non calculous
Other contributory causes of importance:
General arterio-sclerosis ?
Senility -

Name of operation Date of
What test confirmed diagnosis? **X-ray etc** 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 **J. F. Bredeck**, M. D.
(Signed) **J. F. Bredeck** (Address) **8321 No Broadway**

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.

STATEMENT BY LICENSED EMBALMER

I, Henry Hamilton, Licensed Embalmer No. 2967

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 Henry Hamilton
Licensed Embalmer No. 2967

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.)