

REC'D APR 4 1938

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

11167
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
(b) Township Rock Primary Registration District No. 5578 Registered No. 12
(c) City (d) Street No.
(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 WILLIAM H. BECKER 260

(a) Residence, No. 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27-1862</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>3-24</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Timmsworth Mo.</u>		
FATHER	13. NAME <u>Valentine Becker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. Gertrude's Bank</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>W. H. Becker, St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cemetery</u> PLACE <u>St. Johns Lutheran</u> DATE <u>March 27 1938</u>		
19. FUNERAL DIRECTOR <u>Heidinger Funeral Home</u> (ADDRESS) <u>Lincoln St. St. Louis Mo.</u>		
20. FILED <u>Mar 27 1938</u> <u>Phil J. Kirk</u> Reg. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938 to Mar. 24, 1938
I last saw h. l. m. alive on Mar. 24, 1938. Death is said to have occurred on the date stated above, at 10:58 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
94%
Other contributory causes of importance:
Arterio-sclerosis

Name of operation None Date of
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 Marriott Morrison, I., M. D.
(Signed) Kimmswick, Mo.
284 (Address) Kimmswick, Mo.

Date of onset
3-23-38

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, Elmer Heiligtag, Licensed Embalmer No. 3571

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 Elmer Heiligtag
Licensed Embalmer No. 3571

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.)