

REC'D SEP 23 1938

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

29261
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
(b) Township MOCK Primary Registration District No. 5578 Registered No. 33
(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. (0) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELIZABETH 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 ♀ 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 Otho Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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 Peter Marx

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

MOTHER 15. MAIDEN NAME Mrs. Klein Len

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

17. INFORMANT (ADDRESS) Mrs. Ida M. Venter
Kimmswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Lutheran Cemetery DATE Aug 30th 1938

19. FUNERAL DIRECTOR (ADDRESS) Seelig & Sons Funeral Home
Kimmswick Mo

20. FILED Aug 30 1938 Phil J. Kirk
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29th 1938

22. I HEREBY CERTIFY that I attended deceased from July 19 1938 to Aug 30 1938
I last saw her alive on Aug 28 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma (General)
Original (liver) Date of onset _____

Other contributory causes of importance: Senility H²O

Name of operation _____ 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 _____
(Signed) O. Reich M.D. M. D.
Kimmswick Mo

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 C. 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 C. 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.)