

REC'D OCT 21 1938

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

32524

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township Plattin Primary Registration District No. 55-16 Registered No. 89
(c) City..... (d) Street No.....
(e) Length of residence in city or town where death occurred 76 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Robert Becker 2150

(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 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 Mary Becker (Crowley)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Sept. 9, 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin MO.13. NAME Robert Becker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Elvira Perkins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Mo17. INFORMANT Henry Becker
(ADDRESS) Rush Tower Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo DATE 9/6/3819. FUNERAL DIRECTOR (NAME) Duester - Vinyard
(ADDRESS) Festus Mo.20. FILED 9/6 1938 J. E. Rutledge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938I HEREBY CERTIFY, That I attended deceased from
By Inquest duties Sept 4, 1938I last saw him alive on, 19... Death is said to have occurred on the date stated above, at.....m.

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

Valvular heart troubleOther contributory causes of importance: 92 inName of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no23. 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? noIf so, specify Frank Frazier Corcoran
(Signed) Festus, Mo(Address) Festus, 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.