

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.

NOV 16 1938

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

34183  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 1003  
(b) Township ..... 1 Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 3419 Lucas Ave., ..... 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.

Registered No. 9160

2. PRINT FULL NAME Charles Becker

(a) Residence, No. 3419 Lucas Ave., ..... St. 21 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella S. Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. News boy  
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) St. Louis, Missouri (STATE OR COUNTRY)

FATHER 13. NAME August Becker

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

MOTHER 15. MAIDEN NAME Elizabeth Timke

16. BIRTHPLACE (CITY OR TOWN) Centerville Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs. Katherine Fautz, (ADDRESS) 1387 Hodiament Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Oct. 22, 38

19. FUNERAL DIRECTOR (NAME) Wagoner Ind. Co. (ADDRESS) 3621 Olive St.

20. FILED OCT 22 1938 J. T. Bredek Local Registrar

NONRESIDENT CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20/38 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 8:25 A. M.

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

Ruptured varices of Stomach and Oesophagus;  
Other contributory causes of importance: Chronic Atrophic Costal Cirrhosis of Liver

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Joseph M. Quinn Deputy Coroner (Address) .....

**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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

**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.**