

NOV 9 2 1938

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

36653  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Charles Registration District No. 757  
 (b) Township St. Charles Primary Registration District No. 3036  
 (c) City St. Charles (d) Street No. 302 73rd 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 Charles H. Becker  
 (a) Residence, No. 302 N. 3rd St. 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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilda Klein  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st, 1888  
 7. AGE YEARS 50 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Maker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory  
 10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo  
 FATHER 13. NAME Charles Becker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Anna Paul  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo  
 17. INFORMANT Mrs. Hilda Becker  
 (ADDRESS) 302 N. 3rd St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Oct. 28th, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. K. Mann - Bam  
 20. FILED 10/27, 1938 Clarence H. Hessler Local Registrar, 779

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26th, 1938  
 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1935 to Oct. 26, 1938  
 I last saw him alive on Oct. 25, 1938 Death is said to have occurred on the date stated above, at 5:20 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Astronomyletis  
Chronic Syphilis  
 Date of onset not known  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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?.....  
 If so, specify T. P. Hardin, M. D.  
 (Signed) T. P. Hardin, M. D. (Address) St. Charles, 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.

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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, .....

*Arthur C. Bane*

....., or by .....

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

Signed.....

*Arthur C. Bane*

Licensed Embalmer No.....

*3155*

P. O. Address.....

*St Charles Mo*

**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.**