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

REC'D AUG 11 1939

23930
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township or (c) City St. Louis, Missouri Primary Registration District No. ..... Registered No. 6203

(d) Street No. City Sanitarium 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 59 yrs. 6 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda Becker 260

(a) Residence, No. 6052 Garesche St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-21-1879

7. AGE: Years 59 | Months 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): 8-1922
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0

FATHER

13. NAME: William Saeger 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER

15. MAIDEN NAME: Anna Eberle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): A.K. Busch, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 7/14/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Edith E. Ambruster 4234 Manchester

20. FILED JUL 13 1939 J.B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-12-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 7-12-39, 19
I last saw her alive on 7-12-39, 19. Death is said to have occurred on the date stated above, at 2:15 P.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Adeno-Carcinoma of Ovary with Metastasis to all Abdominal organs 1936

Other contributory causes of importance:
Hydronephrosis 5-1939

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? .....
If so, specify .....
(Signed) A.K. Busch, M. D.
(Address) City Sanitarium

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

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. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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