

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 10360

1. PLACE OF DEATH: 1008
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4008 Flora Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Charles Jay Becker
8. (b) If veteran, name war No
8. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Anna Hensel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 34 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Commission Merchant

11. Industry or business _____
12. Name Charles Becker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Woernie
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles A. Becker
(b) Address 4008 Flora Blvd.

17. (a) Burial (b) Date thereof 12-4-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) DEC 4 1939 (b) J.F. Baer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
4008 Flora Blvd.
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 2nd
year 1939 hour 1:30 minute A.M. M.
21. I hereby certify that I attended the deceased from April 24
1939, 1939 to December 3rd 1939;
that I last saw him alive on Dec 1st 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(Means of injury) _____
23. Signature Frederick Hoffmann (M. D. or other) _____
Address 1501A Benton Date signed Dec 2nd

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.

15017 Benten
R 1226 #02480
5309 Waterman

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.....

Edwin M. Bennett

Licensed Embalmer No.....

3024

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.