

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 78

1. PLACE OF DEATH:

2

(a) County \_\_\_\_\_  
 (b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3859a Greer Ave  
(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 Emma N. Becker, 260

8. (b) If veteran, name war None  
 8. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 25th, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Housewdrk

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Chas' F. Linkman  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George P. Becker  
 (b) Address 3859a Greer Ave.,

17. (a) Burial (b) Date thereof Jan. 5th, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Wm. Reidner M. Co  
 (b) Address 1417 N. Market Street.

19. (a) 4 10 31 (b) J. P. Brantner  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

1

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3859a Greer Ave,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? 66 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd  
 year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Jan 1  
1940, to Jan 3, 1940  
 that I last saw her alive on Jan 2, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Coronary dilation</u>	<u>one day</u>
Due to <u>Arterio Sclerosis + Chl. Myocarditis</u>	<u>3 years</u>
Due to <u>Spontaneous Myocardial infarction</u>	<u>2 years</u>
<u>Chronic Pyelitis</u>	<u>2 years</u>

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Major findings:  
 Of operations X  
 Of autopsy X  
 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) X  
 (b) Date of occurrence A  
 23. Where did injury occur? X  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) \_\_\_\_\_  
 (e) Means of injury X  
 23. Signature William T. Hruscha (M. D. or other) J. 248  
 Address 3500 N Grand Date signed 1/4/40

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis av

**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.**