

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 9311
 Registrar's No. 2794

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (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:
217a Fassen
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community life years, months or days)

8. (a) PRINT FULL NAME LOUISA BECKER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louis Becker 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased July 23 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 2 hr. _____ min.

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

10. Usual occupation Household

11. Industry or business _____
 MOTHER FATHER { 12. Name Edward Struve
 13. Birthplace Hanover Germanv
 (City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Cordes
 (City, town, or county) (State or foreign country)
 15. Birthplace Hanover Germanv
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Becker
 (b) Address 217a Fassen

17. (a) Burial (b) Date thereof March 27 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Bredich
1936 St. Louis ave.
 (b) Address

19. (a) MAR 26 1940 (b) J. F. Bredich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 217a Fassen
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 25
 year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from March 13, 1940, to March 25, 1940
 that I last saw her alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration ?
Common Phrenitis

Due to pleurisy, no pneumonia
non tubercular cause
 Due to unknown

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 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?
 (Specify type of place) (e) Means of injury _____

23. Signature R. G. Young (M. D. or other) _____
 Address 2838 South Grand Date signed March 27

WRITE PLAINLY—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.....

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis*

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.