

No. 2
1-10-39
17-30
21-30

MAY 15 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3064

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3317 N. 11th City Hospital
(d) Length of stay: In hospital or institution Nil
In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City St. Louis
(d) Street No. 3317 N. 11th St.
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Harry Becker 260

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

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

6. (b) Name of husband or wife Husband of Emma Becker 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb 22 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 9 19 hr. min.

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

10. Usual occupation Retired for 15 years

11. Industry or business Nil

12. Name Frank Becker

18. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Brinkmann

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earl W. Becker
(b) Address 1506 Branch St.

17. (a) CBurial (b) Date thereof April 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles Meyer & Sons
(b) Address 3934 N. 20th St.

19. (a) APR 2 1940 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1940 hour 10:25 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Stenosis with Chronic Interstitial Myocarditis

Due to Chronic Myocarditis

Due to Cerebrosis of Liver

Other conditions: Chronic Hypertrophied

Major findings: Of operations: Gastritis
Of autopsy: _____

Duration
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? _____

While at work? _____ (Specify type of place)
(Specify means of injury) _____

23. Signature Walter J. Perry (M. D. or other) _____
Address Deputy Registrar Date signed 4-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.