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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33755

FILED NOV 16 1940

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 8452

1. PLACE OF DEATH:
(a) City 1387 Hodiamont
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1387 Hodiamont 2 (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) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis Mo 6 (If outside city or town limits write "RURAL")
(d) Street No. 1387 Hodiamont (If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Elizabeth Becker
3. (b) If veteran, name war ———
3. (c) Social Security No. ———
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Herbert Becker
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased 8 (Month) 10 (Day) 1851 (Year)
8. AGE: Years 89 Months 2 Days 10 If less than one day ——— hr. ——— min.
9. Birthplace Centerville Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business
12. FATHER Name John Tinke
13. FATHER Birthplace Mo (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Margaret (Tinke) Johnson
15. MOTHER Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Katherine Zentz
(b) Address 1387 Hodiamont Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters
18. (a) Signature of funeral director Sullivan
(b) Address 2843 No Euclid Ave
19. (a) OCT 11 1940 (Date received local registrar) (b) J. H. Bauduch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1940 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10/9, 1940, to 10/10, 1940; that I last saw her alive on 10/10/40, 19—; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Bronchial	
Due to Carcinoma Renal Uterus	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Of autopsy ———

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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)
While at work? ——— (e) Nature of injury ———

23. Signature Boyd J. Kelly (M. D. or other) MD
Address 6125 Bartmer St Louis Mo Date signed ———

(Licensed Embalmer's Statement on Reverse Side)

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..... Albert Mayfield

Licensed Embalmer No..... 6077

P. O. Address.....

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

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