

Registration District No. **284** Primary Registration District No. **200** Registrar's No. **2196**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
22 Grantwood Village
(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 3

3. (a) PRINT FULLNAME Frank Becker
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Becker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 13, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Henry Becker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Julia Lohun
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ben. Becker
(b) Address 22 Grantwood Village

17. (a) Burial (b) Date thereof 11/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) NOV 23 1940 (b) D.R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3438 California Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1938 to Nov 20 1940 that I last saw him alive on Nov 20 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Overload of Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature W. H. Shaffer (M. D. or other) MD
Address 4724 D. Street Date signed 11/22/40

Duration 2 1/2 hr
PHYSICIAN
Underline the cause to which death should be charged statistically.

1945-26-1945

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.