

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33197

Registrar's No. 8152

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:
Christian Hospital. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME CHARLES H. BECKER.

3. (b) If veteran, name war None
3. (c) Social Security No. 491-16-9074

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

6. (b) Name of husband or wife Alva Becker.
6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased October 9, 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 1 hr. min.

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

10. Usual occupation retired Dry Goods Salesman

11. Industry or business Dry Goods

12. Name Charles A. Becker.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johanas.

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

16. (a) Informant Mr. Eugene R. Becker.
(b) Address 8612 Florence Ave.

17. (a) Burial (b). Date thereof 10-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) OCT 14 1941 (b) J. F. Brodeck
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6208 Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th.
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-3-41
to 10-10-41, 19... to 19...
that I last saw him alive on 10-10-41, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease
Duration

Due to.....

Due to.....

Other conditions 1/2/41
(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Harold (M. D. or other) M.D.

Address 5074 Date signed 10-15-41

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

9-20-41

Q

Dr. H. A. Kline.
5074 N. Union Ave.

Telephone Mulberry 1030.

SEP 10 1958

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 2966 Eastern St.

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, fact should be so stated above.