. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15575

State File No.

FILED MAY 4 1942

Registration District No. 1284

Primary Registration District No. 101

Registrar's No. 919

96
2
3

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

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town CLAYTON:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7667 CARRSWOLD DRIVE:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County SAINT LOUIS

(c) City or town CLAYTON: 96
(If outside city or town limits, write "RURAL")

(d) Street No. 7667 CARRSWOLD DRIVE: 2
(If rural, give location)

(e) Citizen of foreign country? NO: 3 (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME CECELIA A. BECKER SEIB

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 EUGENE C. SEIB 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MARCH 30 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	#	24	..... hr. ..... min.

9. Birthplace CINCINNATI (City, town, or county) OHIO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PHILLIP BECKER
13. Birthplace WATERLOO (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name HULDA GUTTWALD
15. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant EUGENE C. SEIB
(b) Address 7667 CARRSWOLD DRIVE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof APRIL 25/42 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) APR 24 1942 (Date received local registrar) (b) E. G. McGarray M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23rd year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 18, 1941, to April 23, 1942, that I last saw her alive on April 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lipo sarcoma — (adult type)	
Due to	
Due to 55	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Inoperable Growth in abdomen	
Of autopsy no	

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)

While at work? (e) Means of injury U

23. Signature Fred V. Emmerich (M. D. or other)

Address 713 Metropolitan Bldg Date signed 4-24-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Frederick [illegible]
Mept. Bldg.
JE-4641
Hrs. -2:45 to 5 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.