No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15962

FILED JUN 10 1942
Registration District No.

Primary Registration District No.

Registrar's No. 4734

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

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:
DePaul Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3527 Paris.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Tillie M. Becker.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Femal /

5. Color or race White

6. (a) Single, widowed, married, divorced Married. /

6. (b) Name of husband or wife William Becker

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 19 1880.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	6	9	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name John J. Mosconi.
13. Birthplace Italy. 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosey Gardela
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Becker.
(b) Address 3527 Paris.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAY 30 1942 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 1:50 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb 7- 1942 to May 28, 1942
that I last saw her alive on May 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Haemaplegia Stone Cerebral

Due to Hypertention Hemorrhage

Due to

Other conditions ~~[illegible]~~ 82 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations 82

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A J Gettinger (M. D. or other)
Address 2745 N Grand Date signed 5/29/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gettinger
Grand & St. Louis

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 1223 St. Louis ave

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.

2B
1-41
9288

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. 15-962

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4734

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 35-29 Paris
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Tillie M. Becker

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov - 19. 1880
(Month) (Day) (Year)

8. AGE: Years 61 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. JUL 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions ..... (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

1942
5-15962