S. No. 2
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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. 19368

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5833

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: St. Anthonys Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 14

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

(d) Street No. 5532 Delor St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Becker

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

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Fred F. Becker

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 25 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Alsace Lorraine France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alois Gieselbrecht
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Heimberger
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Fred F. Becker
(b) Address 5532 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-42
(Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Witt Bros. L & Nlo.
(b) Address 2929 S. Jefferson Av.

19. (a) JUL 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1942 hour 7 minute 55 p. M.

21. I hereby certify that I attended the deceased from May 20th, 1942 to July 7, 1942
that I last saw her alive on July 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation.

Due to Diabetic condition

Due to

Other conditions Carcinoma of colon.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of colon
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 None

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature S. H. Mayne (M. D. or other) MD

Address 3606 Gravois Av. Date signed 7-8-42

(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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferso

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.