

filed JUL 28 1942  
1931

Registration District No. **791** Primary Registration District No. **1003**

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:  
**Luthern Hospt.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Weeks**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **John A. Becker**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased **August 10 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 11 9** hr. min.

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

10. Usual occupation **Miner**

11. Industry or business.....

12. Name **John A. Becker**

13. Birthplace **unk. Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

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

16. (a) Informant **August Becker**

(b) Address **4166 Flad Ave.**

17. (a) **Removal** (b) Date thereof **7/23/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carlinville, Ill**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUL 20 1942** (b) **J. J. Bireck**  
(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. **4166 Flad Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **19**  
year **1942** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Jan. 1940**  
..... 19..... to **July 19** 19.....  
that I last saw him alive on **July 19** 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic PNEUMONIA** Duration **3 days**

Due to **Chronic Myocarditis** 10 years

Due to **Carcinoma Ascending Colon** 6 mos.

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings: **Ca of Colon**  
**Ileocolostomy done**  
Of autopsy **not done**

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.....

23. Signature **Walter H. Hoppe** (M. D. or other).....

Address **2602 S. Grand** Date signed **7/20/42**

**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..... *Albert G. Hays*.....

Licensed Embalmer No..... *2971*.....

P. O. Address.....

**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.**