S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35169

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9235

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: residence-5820 Cabanne Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 59

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5820 Cabanne Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE C. BECKER

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 11 (Day) 1870 (Year)

8. AGE: Years 72 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business school teacher

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

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

16. (a) Informant Mrs. Emilie Becker
(b) Address 5820 Cabanne Avenue, St. Louis

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 11/5/42. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory, St. Louis

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) 11-5-42 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1942 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from July, 1938, to Nov 3, 1942, that I last saw her alive on Nov. 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Progressive muscular atrophy — Duration 8 yrs
Chronic myocarditis
Due to Chronic arteriosclerosis
Due to
Other conditions General arteriosclerosis
(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 Jerome O. Cook (M. D. or other)
Address 5087 N. Grand Blvd. Date signed 11/4/42

(Licensed Embalmer's Statement on Reverse Side)

Metropolitan Bldg.
JE-4141
2-4 P.M.

9235

9235

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.