

APR 19 1943 318
 Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2321 Union
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
196
76
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2321 Union
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Adeline Becker
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8
 year 1943 hour 2 minute 15 A. M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alfred Becker
 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased August 10 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 10 1942 to April 7 1943
 that I last saw her or alive on April 7 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
32 7 28 .hr. min.

Immediate cause of death:
Metastatic Sarcoma Left Lung & Pleural Effusions
 Due to Spindle Cell Sarcoma Left Breast
 Due to Primary in breast

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bruce Hanke

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

14. Maiden name Katie Podcharles

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

16. (a) Informant Alfred Becker
 (b) Address 2321 Union

17. (a) Burial (b) Date thereof 4 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.
 18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union

19. (a) APR 8 1943 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

Other conditions 50
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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)
 Means of injury _____
 23. Signature David A. Goldman (M.D. or other) MD
 Address 2867 1/2 Union Blvd Date signed 4/10/43

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(En: 8483)
Plumier Acad

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..... *Warren G Carve*
Licensed Embalmer No. *3534*
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.