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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. 0

FILED SEP 25 1943

Registration District No. 17

Primary Registration District No. 36063

Registrar's No. 2094

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Eureka~~ CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Eureka, Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME CLIFFORD WERNER BECKER

3. (b) If veteran, name war No

3. (c) Social Security No. burned in fire

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased June (Month) 8 (Day) 1926 (Year)

8. AGE: Years 17 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Etlah (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Labor

11. Industry or business Cotton Plant

FATHER
12. Name Edgar H. Becker
13. Birthplace Etlah (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Rose Koch
15. Birthplace Washington (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Edgar Becker

(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 18 (Day) 43 (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Herman Blumer

(b) Address Berger, Mo

19. (a) SEP 20 1943 (Date received by registrar) (b) C. G. McIlvain, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 2:55 minute A 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.

Immediate cause of death Injured when car in w ich he was riding collided with 2 trucks on a public highway

Due to Extensive carbonization of the entire body: Multiple compound heat

Due to fractures of the upper extremities

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

Major findings:
Of operations .....

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170 C 6

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence Sept 15th, 1943

(c) Where did injury occur Hy # 66 West of Eureka (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature John M Meyer Dep Coroner

Address Kirkwood, Mo 9-16-43 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1948

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

The body was not embalmed, Registered. Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.