

FILED JAN 12 1943
Registration District No. **818**

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:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Henry A. Becker**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No. **1188240**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife..... **Lillie Becker**
 6. (c) Age of husband or wife if alive..... **59** years
 7. Birth date of deceased..... **9-19-1884**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 8 hr. min.

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

10. Usual occupation **Printer**

11. Industry or business.....

MOTHER FATHER {
 12. Name..... **Arnold Becker**
 13. Birthplace..... **Unknown 9**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Earl Becker**
 (b) Address..... **3628 Tennessee Ave.**

17. (a) **Removal** (b) Date thereof..... **12-27-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Jerseyville, Illinois**

18. (a) Signature of funeral director..... **Albert H. Hoppe, Inc.**
 (b) Address..... **4700 Washington Blvd.**

19. (a) **DEC 27 1943** (b) **J.F. Bredeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Illinois** (b) County..... **Jersey**
 (c) City or town..... **Jerseyville**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **407 W. Arch St.**
 (If rural, give location)
 (e) Citizen of foreign country?..... **2** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **27**
 year..... **1943** hour..... **5** minute..... **45 P. M.**

21. I hereby certify that I attended the deceased from
July 16 1941, to **Dec 27** 1943;
 that I last saw him alive on **Dec 20** 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis 7.
Cardiac Decompensation 3.
 Due to **terminal Congestion of lungs** 3 days

Due to.....

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

Major findings:
 Of operations.....
 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.....
 (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..... **Edward G. ...** (M. D. or other)
 Address..... **1504 70 Street** Date signed..... **12-27-43**

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 *John Gonoski*
Licensed Embalmer No. *3398*
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.