S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43629

Registration District No. 347

Primary Registration District No. 3064

Registrar's No. 2760

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 425 So. Georgia Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 425 So. Georgia Ave. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Gerhard Becker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife Katherine Becker

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

7. Birth date of deceased Feb. (Month) 19, (Day) 1863. (Year)

8. AGE: Years 80 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Kleiburg (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Architect

11. Industry or business Structural Architect.

FATHER
12. Name Johann Becker
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaretta Juergens
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mr. Louis Becker

(b) Address 425 So. Georgia Ave. Ferguson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43. (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cemetery

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri.

19. (a) DEC 14 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature) F. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10, year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 12/6, 1943, to 12/10, 1943; that I last saw him alive on 12/10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 da.
Influenza	3 das.
Due to Senility arteriosclerosis	
Due to	
Other conditions (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 C. O. Hughes (M. D. or other)

Address Ferguson Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 L. M. Schute

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.