

No. 2
M-5-43
5-17-39
I X36671

FILED FEB 14 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 335

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wellston P.O.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1229 Buckner
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 11 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Wellston, P.O. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1229 Buckner
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIA A. BECKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Louis Becker. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20. 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Hockemeyer

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

14. Maiden name Unknown

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

16. (a) Informant Lloyd H. Becker
 (b) Address 1229 Buckner Str.

17. (a) Burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director _____
 (b) Address 2117 E. Grand Blvd.

19. (a) FEB 9 - 1944 (b) E. J. McHarran, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
 year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944 to Feb 7, 1944
 that I last saw her alive on 2-7 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Embolism

Due to Urg. Endo condition
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy gve

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 Rev Reich (M. D. or other) MD
 Address 8105 Post Blvd Date signed 2-8-44

Duration

?

4 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9600

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.