

FILED APR 26 1944

Registration District No. 318 Primary Registration District No. 1003

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:  
4102 Clarence 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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Henry L. Becker

3. (b) If veteran, name war no

3. (c) Social Security No. 493-10-8247A

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 17 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____
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9. Birthplace Westphalia Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Tool Maker

11. Industry or business retired

MOTHER FATHER

12. Name August Becker

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

14. Maiden name unknown Charlotte Springmeyer

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

16. (a) Informant Louis H. Becker

(b) Address 4102 a Clarence ave

17. (a) Burial (b) Date thereof Apr-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director A. Kron & Co.  
2707 N. Grand Bly'd

(b) Address APR 20 1944

19. (a) \_\_\_\_\_ (b) J. R. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 3639 000 1710

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4102 Clarence avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

that I last saw him alive on Feb. 18 - 44

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include present 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 R. D. Rigler (M. D. or other) \_\_\_\_\_

Address 415 8 Newland Date signed 4/19/44

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

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**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.....

*V E Morris*

Licensed Embalmer No.....

*3360*

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.**