

FILED JUL 24 1944

Primary Registration District No. 6076

Registrar's No. 1508

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Edgewood Retreat
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution. 14 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) ~~State~~ St. Louis
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4743 Labadie Ave
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna J. Becker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased August 6 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William C. Becker

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

14. Maiden name Mary L. Duecker

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

16. (a) Informant Dr. Wm. H. Becker

(b) Address 4743 Labadie Ave

17. (a) Burial (b) Date thereof 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) JUL 14 1944 (b) C. G. McLawren, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1944 hour 9 minute 10 a.m.

21. I hereby certify that I attended the deceased from _____
to July 12 1944
that I last saw him alive on July 9
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
(cardiogenic) with acute
Due to bronchitis

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 92

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

(a) Accident; suicide, or homicide (specify) no
(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) (a) Means of injury _____

23. Signature C. G. McLawren, Jr. (M. D. or other) _____
Address 4901 E. Epston Ave Date signed 7/13/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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Permit No. 44-37

499 Easton

MAR 19 1947

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 *Albert W. Naipre*

Licensed Embalmer No. *1861*

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.