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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39142**

**FILED DEC 27 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10618**

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 20 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 12  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Becky Mary Peterson  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Evan F Becker  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 19 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 23  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name John Graf

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

14. Maiden name Unknown

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

16. (a) Informant Evan Backer

(b) Address Route 12 Kirkwood Mo

17. (a) Removal (b) Date thereof 12 13 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pans 111

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway  
**DEC 13 1944** (Date received local registrar)

19. (a) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12<sup>th</sup>  
year 1944 hour 5 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 11-23  
1944, to 12-12, 1944  
that I last saw her alive on 12-12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage into the ventricles of the brain  
Duration 3 hrs

Due to Thrombocytopenia  
Due to Chronic lymphocytic leukaemia Several years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 74

Of autopsy Blood clot in both 3<sup>rd</sup> ventricles  
General lymphatic enlargement. Large spleen & liver  
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 J. R. Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

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

MOTHER FATHER

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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.....

*Edwin P. Mc Dermott*

Licensed Embalmer No. *3024*

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.**