U. S. No. 2
OM—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14513

Primary Registration District No. 6076

Registrar's No. 306

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2910 HATHERLY DRIVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 2910 Hatherly Drive
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Becker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles S.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 9 (Day) 1874 (Year)

8. AGE: Years 70 Months 6 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Charles Weigert
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henrietta Haase
15. Birthplace (City, town, or county) Unkn (State or foreign country)

16. (a) Informant Mrs Marxer
(b) Address 2910 Hatherly Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa at Watson
19. (a) MAR 19 1945 (Date received local registrar) (b) Dr. E. B. McGauran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 28 1945 to Mar 15 1945 that I last saw her alive on Mar 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 wks
Due to
Due to
Other conditions Old cerebral hemorrhage — Duration 4 mo
(Include pregnancy within three 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. E. Gebhard M.D. (M. D. or other)
Address 7124 Natural Bridge Date signed 3/16/45

(Licensed Embalmer's Statement on Reverse Side)

7.07

Dr. G. E. Gilliand
Mo Theatre Bldg.

Ne 1997
2-5

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Jefferson

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.