V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18538

FILED JUL 14 1945

Registration District No. ____ Primary Registration District No. 1003

Registrar's No. 5609

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1710 Menard (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: 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 006

(c) City or town: St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No.: 1710 Menard (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: =

3. (a) PRINT FULL NAME: Julius Becker

3. (b) If veteran, name war: =

3. (c) Social Security No.: =

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Anne ? Becker

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

7. Birth date of deceased: June (Month) 1 (Day) 1859 (Year)

8. AGE: Years 86 Months 0 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Ill. (City, town, or county) ____ (State or foreign country)

10. Usual occupation: Stove mounter

11. Industry or business: Last worked 1920

FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: "
15. Birthplace: " (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Roy Lange
(b) Address: 4627 Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 29th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Old St. Markus

18. (a) Signature of funeral director: Bryderyrodin Funeral H
(b) Address: 1936 St. Louis

19. (a) JUN 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Arteriosclerosis

Due to: 9 yrs

Other conditions (Include pregnancy 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? (Specify type of place)

While at work? (e) Means of injury: ____

23. Signature: Alfred Ottens (M. D. or other)

Address: Date signed: 6/28/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.