

S. No. 2  
M-5-43  
5-17-39  
X36671

**FILED** MAR 7 1946 **STANDARD CERTIFICATE OF DEATH**  
318 1003

State File No. **7229**  
Registrar's No. **1900**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **LUTHER BECTON**

3. (b) If veteran, name war **World War #2** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **MaeLoise Becton**

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

7. Birth date of deceased **April 6th 1910**  
(Month) (Day) (Year)

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

**35 10 16** hr. min.

9. Birthplace **Memphis Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Bowling Alley**

12. Name **William Becton**

13. Birthplace **Shelby County Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Donaldson**

15. Birthplace **Memphis Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MaeLoise Becton**

(b) Address **4344 Page Blvd.**

17. (a) **Burial** (b) Date thereof **2/27/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **1416 North Taylor ave**

19. (a) **FEB 26 1946** (b) **J. J. Bredeck**  
(Date received by Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **020**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **117**

(d) Street No. **4344 Page Blvd.**  
(If rural, give location) **90**

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb** day **22** year **1946** hour **7** minute **10 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 **Intestinal Hemorrhage from gunshot wound of right leg, inflicted while in a struggle for possession of a gun with one May Mae Becton (nee) and changed at Bureau and found armed.**

Other conditions **7:10 P.M. Feb. 22, 1946**

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) **Accident**

(b) Date of occurrence **Feb. 22 1946**

(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in the place**

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury **gunshot**

23. Signature **Alfred Perry** (M. D. or other) **3**

Address **1416 North Taylor Ave** Date signed **2/25/46**

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

MOTHER FATHER

*Emb. Separate cert to be filed*

**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.**