. S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21524

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5620

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3022 Ohio Ave
(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 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 247

(d) Street No. 3022 Ohio Ave (If rural, give location) 9

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

If yes, name country

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

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 589-12-6883

4. Sex Male

5. Color or race White

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 October 18 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	15	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Louis Becker

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

14. Maiden name Maria Wessell

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

16. (a) Informant Pauline Vogel

(b) Address 6401 Woodbine Crt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Zegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) JUN 26 1946 (Date received local registrar) G. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day June year 1946 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1946, to June 23, 1946 that I last saw him alive on June 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of tongue and glands of neck	5 mo
Due to Primary site - tongue	
Chronic Cystitis	5 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation C.A. of tongue and glands of neck

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 0

23. Signature C. M. Bryner (M. D. or other)

Address 2014 S. Jefferson Date signed June 24 1946

(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.