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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10538
State File No. _____
Registrar's No. **2625**

Primary Registration District No. **1003**

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

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: **City Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 yrs., 4 mos.**
In this community **11 days.**
years, months or days

3. (a) PRINT FULL NAME **Becker, Minnie**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife **Henry Becker**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 15, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 20 hr. _____ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Alvis** **4**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Henrietta Sprick**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **City Infirmary Records**
(b) Address **5800 Arsenal Street**

17. (a) **Cremation** (b) Date thereof **4 7 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **APR 5 1947** (b) **J. F. Brueder**
(Date received) (Local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1317**
(d) Street No. **5800 Arsenal Street**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1947** hour **3:40** minute _____ P. M.

21. I hereby certify that I attended the deceased from **July 2, 1945**
_____, 19____ to **April 4, 1947**;
that I last saw h_____ alive on **April 4, 1947**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure** Duration _____
-3 days.
(2) Cerebro vascular incident-3 weeks.
Due to **(3) Cerebral arteriosclerosis-1944**

Due to _____
Other conditions _____
(Include pregnancy within 3 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Palmer Gusman Bowlish** (M. D. or other) **0**
Address **5800 Arsenal St.** Date signed **4-5-47**

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 *Richard W. Stovesand*.....

Licensed Embalmer No. *4007*.....

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.