

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11809**
Registrar's No. **675**

FILED MAR 31 1947

Registration District No. _____ Primary Registration District No. **3068**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5131 Greer Ave
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl A. Becker

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marguerite E. Becker nee Schlingwein Age of husband or wife if alive 44 years

7. Birth date of deceased July 21, 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1947 hour 11:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from August, 1946 to March 23, 1947.
that I last saw him alive on March 22, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin disease 1-2 yrs

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>8</u>	<u>2</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace East St. Louis Ills./
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Public Schools

12. Name Charles Becker

13. Birthplace Waterloo Ills./
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Kramm

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

16. (a) Informant Mrs Marguerite E. Becker

(b) Address 5131 Greer Ave

17. (a) Burial (b) Date thereof 3/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

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? _____

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair A ve

19. (a) 3-23-47 (b) Ruth Allen MO
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Edward P. Reel M.D. (M. D. or other)
Address 762 No. Taylor St. Louis Mo Date signed 3-25-47

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 William G. Buchholz
Licensed Embalmer No. 2110
P. O. Address St Louis Mo

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.