. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25301

FILED AUG 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2213

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: 3110 Shenandoah (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
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3110 Shenandoah (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose C. Becker
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward M Becker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 25, 1868 (Month) (Day) (Year)
8. AGE: Years 79 Months 0 Days 5 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Charles Menzemer
13. Birthplace not known (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Catherine Blum
15. Birthplace Oakville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Louise Menzemer
(b) Address 3110 Shenandoah
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 9 P.M. minute 00 P.M.
21. I hereby certify that I attended the deceased from July 26, 1947 to July 30, 1947; that I last saw her alive on July 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular Renal Disease with
Due to: Myocardial failure
Due to: due to Arterio sclerosis
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia
Major findings: Acute mod severe
Of operations —
Of autopsy —

Duration

PHYSICIAN — Underline the cause of 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 William D. Swaniker M.D. (M. D. or other)
Address 3 S. Kingshighway Date signed August 1947

Interstate Citizens Co.

AUG 4 1947

(Licensed Embalmer's Statement on Reverse Side)

7213

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 Frank J. Devine

Licensed Embalmer No. 2245

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.