

P 2
1/47
17-39

FILED JAN 22 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Griffin Dealey Hospital**
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
 (c) City or town..... **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3804 West Pine Blvd.** **9**
 (If rural, give location) **0**
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **BECKER, DORA**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex..... **F** / 5. Color or race..... **W**
 6. (a) Single, widowed, married, divorced..... **M**
 6. (b) Name of husband or wife..... **Edward Becker**
 6. (c) Age of husband or wife if alive..... **44** years
 7. Birth date of deceased..... **Dec. 31st., 1900**
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	10	hr. min.

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

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **Unknown**
 13. Birthplace..... **Unknown** **9**
 (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace..... **Unknown** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Edward Becker**
 (b) Address..... **3804 West Pine Blvd.**

17. (a) **Burial** (b) Date thereof..... **1-13-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Cemetery** place?

18. (a) Signature of funeral director..... **Arthur Honnelly**
 (b) Address..... **3840 Lindell Blvd.**

19. (a) **JAN 12 1948** (b) **J. F. Breda**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **11**
 year..... **1948** hour..... **2** minute..... **10 a.m.**
 21. I hereby certify that I attended the deceased from..... **1-9-48**
, 19....., to..... **1-11**, 19..... **48**
 that I last saw **her** alive on..... **1-11**, 19..... **48**
 and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **Congestive heart failure** **4 days**
 Due to..... **arteric stenosis and mitral stenosis** **Uncertain**
 Due to..... **Rheumatic heart disease** **Uncertain**
 Other conditions..... **massive pleural synchia** **2 months**
 (Include pregnancy within months of death) **hypertension**

PHYSICIAN
 Underline the cause of which death should be charged statistically.
 Major findings: **none**
 Of operations.....
 Of autopsy..... **Findings as above**

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)
 (e) Means of injury.....
 Signature..... **G. O. Brown** (M. D. or other) **M.D.**
 Address..... **325 S. Grand Blvd.** Date signed..... **1/12/48**

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 W. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

Registration District No. 218 Primary Registration District No. 1003

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)
3. (a) PRINT FULL NAME Dora Becker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 31 (Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days _____ (if less than one day) hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Bridgman (Registrar's signature)
(Date received local registrar) FEB 3 1948

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

S-2254 1948

Ms. 1000