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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 3487

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3333

Primary Registration District No. 3066

Registrar's No. 349

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: U.S. Marine Hospital, Kirkwood, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Valley Park 16 (If outside city or town limits, write "RURAL")

(d) Street No.: North Lookout Street 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country:

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

3. (b) If veteran, name war: W.W. I.

3. (c) Social Security No.: unknown

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Ardell Becker

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: August (Month) 8 (Day) 1894 (Year)

8. AGE: Years 53 Months 5 Days 26m If less than one day hr. min.

9. Birthplace: Carlinville (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Maintenance man

11. Industry or business:

FATHER 12. Name: John Becker

13. Birthplace: Carlinville (City, town, or county) Illinois (State or foreign country) 1

MOTHER 14. Maiden name: Mary Knetzer

15. Birthplace: Carlinville (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant: Clinical records of hospital

(b) Address: U.S. Marine Hosp., Kirkwood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Carlinville, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) 2-6-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1948 hour 6:20 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 27, 1948 to Feb. 4 1948 and that I last saw him alive on February 3rd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infarction of Myocardium due to	
Arteriosclerotic Coronary Thrombosis	1 week
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Infarction of posterior walls of right and left ventricles

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

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify): no

(b) Date of occurrence: x

(c) Where did injury occur? x (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? x (Specify type of place)

While at work? x (e) Means of injury: x 0

23. Signature: David S. Citron (M. D. or other)

Address: U.S. Marine Hosp., Kirkwood Mo. Date signed 2/4/48

(Licensed Embalmer's Statement on Reverse Side)

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

Sr. Surgeon, Med. Off. in Charge

JUN 15 1946

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.