No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13851
Registrar's No. 3907

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: Jewish Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 8 yrs.

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. 5928 Pershing
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BELLA BECKER
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sam Becker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| ab.80 | | | hr. min. |

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Mordecia Nadel
13. Birthplace Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah (unk)
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Esther Corman
(b) Address 5928 Pershing
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Ohio
18. (a) Signature of funeral director Bergen Memorial
(b) Address 4715 McPherson Av.
19. (a) APR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 25 year 1948 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from JAN 10, 1947 to APRIL 25, 1948 that I last saw her alive on APRIL 25, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | 1 day |
| Due to: CORONARY SCLEROSIS | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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 Frank Cohen (M. D.) MD
Address 462 N. Taylor St. Louis Mo. Date signed April 25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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.**