S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17376

FILED MAY 26 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4608

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

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: 5011a Nottingham 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 64 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County vad
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5011a Nottingham 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 14 0
If yes, name country -------

3. (a) PRINT FULL NAME John Becker
3. (b) If veteran, name war ------
3. (c) Social Security No. -----
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 7
6. (b) Name of husband or wife Heinrika Becker
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased March (Month) 15 (Day) 1865 (Year)

8. AGE: Years 83 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Euserthal (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Retired Barber
11. Industry or business Barbering
FATHER
12. Name Jacob Becker 11
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Magdalena (Unknown)
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Carl W. Guetschow
(b) Address 5011a Nottingham
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Beiderwieden F. H. Inc.,
(b) Address 1936 St. Louis Ave.
19. (a) MAY 18 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 20th, 1948, to May 15, 1948;
that I last saw him alive on May 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Glomerular Nephritis
Chronic Myocarditis
Due to
Due to
Other conditions Carcinoma Prostate
(Include pregnancy within 3 months of death) Arterio Sclerosis
Major findings:
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 Geo H. Mathias (M. D. or other)
Address 3167 So. Grand Blvd Date signed 5/17/48

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.