FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24093

Registrar's No. 6410

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: Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether

In this community 50 years years, months or days)

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. 3882 Humphrey, (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Becker,

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased November 14, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation Iron Worker,

11. Industry or business

FATHER
12. Name unknown
13. Birthplace do (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name do
15. Birthplace do (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Becker,

(b) Address 3882 Humphrey,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa,

19. (a) JUL 20 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 6 minute 42 A.M.

21. I hereby certify that I attended the deceased from 3-10-47, 19__, to 7-17-48, 19__; that I last saw him alive on 7-16-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary carcinoma of the lung	3 mos.
Due to Chronic myocarditis	12 mos.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy As above

PHYSICIAN — Underline the cause to 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 [signature] (M. D. or other)

Address [illegible] Date signed 7-19-48

(Licensed Embalmer's Statement on Reverse Side)

Murphy

BLACK INK—MAKE A PERMANENT RECORD

6410

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 Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.