

Registration District No. 318 Primary Registration District No. _____

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:
4948a San Francisco
(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 Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4948a San Francisco
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry T. Becker
 3. (b) If veteran, name war No 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie Wobbe 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 17, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 5 hr. _____ min.

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Official

11. Industry or business Cardinal Paint Company

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

16. (a) Informant Mrs. Minnie Becker
 (b) Address 4948a San Francisco
 17. (a) Burial (b) Date thereof Aug 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Bromschwig and Son Funeral Home
 18. (a) Signature of funeral director _____
 (b) Address 4746 W. Florissant Ave.

19. (a) AUG 24 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 22
 year 1948 hour 8 minute 30A M.
 21. I hereby certify that I attended the deceased from April 5 1948 to 8-22 1948
 that I last saw him alive on 8-17 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Lymphoma, follicular type (malignant)
 Due to _____
Chronic Myocardite
Secondary pneumonia
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 55

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 _____
 19. Signature W. E. Moore (M. D. or other) MD
 Address 7301 Natural Bridge Date signed 8-23-48

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

MOTHER FATHER

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 *R. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.