

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
**1003**

State File No. **27505**  
Registrar's No. **7486**

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:  
Little Sisters 3400 S. Grand Blvd. **5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 mos.  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BECKER

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Male **D** 5. Color or race White 6. (a) Single, widowed, married, divorced Single **1**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased November 20, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 9 6 hr. min.

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

10. Usual occupation Moulder

11. Industry or business.....

12. Name Jacob Becker  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Maggie Ourshaw  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Henry Records at L.S.  
(b) Address 3400 So. Grand Blvd.  
17. (a) Burial (b) Date thereof 8/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.

19. (a) Aug 26 1948 (b) J. J. Braxee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000  
(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 S. Grand Blvd. **9**  
(If rural, give location)  
(e) Citizen 16 foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th  
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 4  
1947 to Aug. 26 1948  
that I last saw him alive on Aug. 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis H. Disease **yo**  
Due to Sen. Arteriosclerosis **yo**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
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?

While at work?..... (Specify type of place) (e) Means of injury **0**

23. Signature R. A. Meyers (M. D. seal)  
Address 559 N. Grand Date signed 8/26/48

JUL 17 1953

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**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 me

....., Registered Apprentice-No.....  
working under my personal supervision.

Signed.....

*Joe S. Benz*  
.....  
Licensed Embalmer No. 2842 4249 Meramec St.  
St. Louis, 18 Mo.

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.**