

No. 300
-10-47
-17-39
-1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33908

FILED OCT 23 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8750

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 HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 MO
(Specify whether _____)
In this community 38 YRS
years, months or days)

3. (a) PRINT FULL NAME GERTRUDE BECKER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband SIDNEY BECKER 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased FEB 28 1910
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 8
If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name MAX COHEN

13. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA GOODMAN

15. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Becker

(b) Address 1516th Clara Ave.

17. (a) BURIAL (b) Date thereof 10-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Emeth

18. (a) Signature of funeral director Ovenhandler

(b) Address 5010 Enright

19. (a) OCT 8 1948 (b) John Lavater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1516th CLARA AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from march 1948 to Oct. 6 1948
that I last saw her alive on Oct. 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, sigmoid colon with metastases to liver and abdominal wall
Duration 9 months (?)

Due to _____
Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place)
(g) Means of injury _____
23. Signature Paul D. Lowenstein, M.D.
Address University Club Bldg Date signed 10/7/48

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..... *W. J. Overhändler*

Licensed Embalmer No..... *3669*

P. O. Address..... *5010 Enright 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.