

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13583
3821
Registrar's No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Jewish Hospital		d. STREET ADDRESS (If rural, give location) 16 Aberdeen Pl.	
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) H. c. (Last) Beckers			4. DATE OF DEATH (Month) (Day) (Year) 4/27/49
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1889
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10b. KIND OF BUSINESS OR INDUSTRY --		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman A. Haeussler		13b. MOTHER'S MAIDEN NAME Emily Sachleben	14. NAME OF HUSBAND OR WIFE Alexander B.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alexander B. Beckers-- 16 Aberdeen Pl
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Liver metastases	
19a. DATE OF OPERATION 12/7/48		19b. MAJOR FINDINGS OF OPERATION Removal of tumor for biopsy - adenocarcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 469	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 137A			
22. I hereby certify that I attended the deceased from 10:33 to 7:27, 1949, that I last saw the deceased alive on 4/26, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Evelyn Sel, M.D.		23b. ADDRESS 4500 Olive St. Louis 8	
23c. DATE SIGNED 4/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/49	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. APR 29 1949		REGISTRAR'S SIGNATURE J. B. Kasater	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldale		ADDRESS 3634 Gravois	

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Delis J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *3634 Gravois*

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.