

31595

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 20 1949

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7825</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>W.R. Rt. 9 Box 432 Christopher Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>September 7, 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u>		b. (Middle) <u>George</u>		c. (Last) <u>Becker</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10, 1926</u>	
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Oakville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gustav Becker</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or date of service) <u>Yes WW-II World War II</u>		16. SOCIAL SECURITY NO. <u>487-32-8782</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alta Becker Rt. 9 Box 432, Lemay, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis</u> ANTECEDENT CAUSES <u>Polio myelitis, Bulbar type</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Lemay Missouri 26</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0800</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 27, 1949</u> to <u>Sept 7, 1949</u> , that I last saw the deceased alive on <u>Sept 9, 1949</u> , and that death occurred at <u>8:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>Joseph E. Carmel</u>				23b. ADDRESS <u>906 Olive St</u>		23c. DATE SIGNED <u>9-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oakville, Missouri</u>	
DATE REC'D BY LOCAL REG. OFF. <u>SEP 9 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casato</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. L. Co.</u>		ADDRESS <u>7814 S. Broadway</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

Sam H. L. P. M. St. Joe corner
Treas. Beldy
906 Olive

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.