

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35854**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4013

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Rt. 3 - Box 503 St. Louis Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Lessen</u>			
3. NAME OF DECEASED a. (First) <u>Sister Mary Terpistar</u> (Type or Print)		b. (Middle) _____ c. (Last) <u>Becker</u>	
4. DATE OF DEATH <u>Sept. 28 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 15 1861</u>
9. AGE (In years last birthday) <u>88</u>		10. UNDER 1 YEAR: Months <u>1</u> Days <u>13</u>	
11. UNDER 24 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>education</u>	
11. BIRTHPLACE (State or foreign country) <u>Logansport, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Emelia Kleitzer</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Loyola</u>		ADDRESS <u>Rt. 3, Box 503 St. Louis Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypertension of kidney rt</u> <u>chronic myocarditis + arteriosclerosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (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 <u>5 yrs.</u> <u>10 yrs.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-8</u> , 19 <u>49</u> , to <u>9-28</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>9-27</u> , 19 <u>49</u> , and that death occurred at <u>8</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>8212 N. Broadway</u>	
23c. DATE SIGNED <u>9-29-49</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 11 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Villa Lessen</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Parade Club Co 2420 Maple</u>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *W. E. Morris*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3360

P. O. Address *James*

**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.