

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1950

State File No. **42270**
Registrar's No. **11009**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			a. STATE MISSOURI		
c. LENGTH OF STAY (In this place)			b. COUNTY ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL			c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		
3. NAME OF DECEASED (Type or Print)			d. STREET ADDRESS (If rural, give location)		
a. (First) HENRY		b. (Middle) WILLIAM.	c. (Last) BECKER.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed..	8. DATE OF BIRTH October 20, 1861.		9. AGE (In years last birthday) 88.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Foundry Executive.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Phillip Becker.		13b. MOTHER'S MAIDEN NAME Anna Koch.		14. NAME OF HUSBAND OR WIFE Louise Niedringhaus Becker.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ? Spanish-American.		16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Wesley H. Becker..		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			don't know
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		93rd
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? H222		
22. I hereby certify that I attended the deceased from 12-8-49, 19, to 12-21-49, 19, that I last saw the deceased alive on 12-21-49, 19, and that death occurred at 1:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter H. Hoereman M.D.			23b. ADDRESS 7506 St. Louis		23c. DATE SIGNED 12-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..	24b. DATE 12/24/49.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REG. DEC 22 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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.