

FILED APR 9 1951

## STANDARD CERTIFICATE OF DEATH

9870  
State File No. 2725  
Registrar's No. 2725

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b>			d. STREET ADDRESS (If rural, give location) <b>1450 Wright St.,</b>		
3. NAME OF DECEASED (Type or Print) <b>Lizzetta</b>		a. (First)	b. (Middle)	c. (Last) <b>Becker,</b>	4. DATE OF DEATH <b>March 21, 1951</b>
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 17, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Diederich Kemlage</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Weber</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph S. Becker, Deceased.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph H. Becker, 3525 Cherokee St.,</b>		
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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	Chronic Myocarditis Cerebral Hemorrhage				3 days
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <b>None</b>				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H22.2</b>			
22. I hereby certify that I attended the deceased from <b>3-18</b> , 19 <b>51</b> , to <b>3-21</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3-20</b> , 19 <b>51</b> , and that death occurred at <b>8:30A.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Benjamin H. Tove</b> (Degree or title) _____			23b. ADDRESS <b>2435 N. Grand Blvd</b>		23c. DATE SIGNED <b>3-21-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	24b. DATE <b>3/24/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>	
DATE REC'D BY LOCAL REG. <b>MAR 23 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Laska</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary, 2842 Meramec St.,</b>		

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, 18, MO.

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 \_\_\_\_\_ m9

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joe S. Benz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.