S. No. 300
v. 10.48

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17814

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4559

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159

d. STREET ADDRESS (If rural, give location): 4662 Tennessee ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): --------
c. (Last): Becker

4. DATE OF DEATH (Month) (Day) (Year): May 15 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27, 1875

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Police Officer

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Becker

13b. MOTHER'S MAIDEN NAME: Catherine Unknown

14. NAME OF HUSBAND OR WIFE: Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Bertha Maffrand 4662 a Tennessee ave

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): Cardiac thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5/16/51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ch heart & Kidney disease with charteris sclerosis — 1 yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 442 X

22. *I hereby certify that I attended the deceased from* Jan 1, 1951, *to* May 15, 1951, *that I last saw the deceased alive on* May 14, 1951, *and that death occurred at* 7 a.m *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W A Walters M.D.

23b. ADDRESS: 3608 S Grand St Louis 18 Mo

23c. DATE SIGNED: 5/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 17, 1951

24c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

24d. LOCATION (City, town, or county) (State): 2000 Lemay Ferry Road Lemay, Mo

DATE REC'D BY LOCAL REG.: MAY 15 1951

REGISTRAR'S SIGNATURE: J. B. Lakester

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Hoffmeister U.&L.Co. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 James C. Hoffmeister

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.