

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17815
State File No. 5258

FILED JUN 15 1951

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. LOUIS 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSP. OF ST. LOUIS		d. STREET ADDRESS (If rural, give location) 5836 Easton 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle)	c. (Last) BECKER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1951
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5. SEX Male	6. COLOR OR RACE White	7. (MARRIED) NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH UNK	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IK LOVE PRESSMAN	10b. KIND OF BUSINESS OR INDUSTRY BAG. MAKE.	11. BIRTHPLACE (State or foreign country) RUSSIA 6	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACOB BECKER	13b. MOTHER'S MAIDEN NAME SARAH (UNK)	14. NAME OF HUSBAND OR WIFE Mollie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mollie Becker - 5836 EASTON
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 21 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) Coronary thrombosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 2-nd PREVIOUS INFARCTS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from 6/7 1951, to 6/7 1951, that I last saw the deceased alive on 6/7 1951, and that death occurred at 6:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Aaron Bumentau, M.D.	23b. ADDRESS 216 S. Kings Highway	23c. DATE SIGNED 6/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/8/51	24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha	24d. LOCATION (City, town, or county) (State) UNIVERSITY CEM MO
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DATE REC'D BY LOCAL REG. JUN 8 1951	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beyer Memorial 8715 Mather
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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 _____

Charles A. Anderson

Signed.....
Student Embalmer

Licensed Embalmer No. *4259*

P. O. Address.....

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.