

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25561

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6764**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2109	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis / c. LENGTH OF STAY? ? (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4609 Lexington Ave.		d. STREET ADDRESS (If rural, give location) 10 4609 Lexington Ave.	
3. NAME OF DECEASED a. (First) Edward b. (Middle) H. c. (Last) Becker		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1887
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 YRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Fred Becker		13b. MOTHER'S MAIDEN NAME Anna Wollbrink	14. NAME OF HUSBAND OR WIFE Emma Becker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Becker, 4609 Lexington Ave. ADDRESS
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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) Metastases of Bone II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 hr. 3 yr. 3 yr.			
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)	
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? 177X	
22. I hereby certify that I attended the deceased from June 1949 , to July 11, 1952 , that I last saw the deceased alive on July 10, 1952 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Carl Smith (Degree or title) M.D.		23b. ADDRESS 601 E. 12th Bldg.	23c. DATE SIGNED 7/12/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/14/52	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. JUL 12 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. ADDRESS	

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF REGISTRATION
St. Louis, Mo.
Feb 1953. 9-10 A.M. 1-3 P.M.

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.

Student
Student Embalmer

Signed Ralph C. Lindus

Licensed Embalmer No. 4275

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.