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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32726

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8538

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

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): 3y, 6m, 24d.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Arsenal St.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo. 2139
d. STREET ADDRESS (If rural, give location): 13 5800 Arsenal St.

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-8-1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Edward Becker
13b. MOTHER'S MAIDEN NAME: Lena Beautnagel
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: City Infirmary Records, 5800 Arsenal St.

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): Generalized arteriosclerosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive cardio vascular disease
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND 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? 443X

22. *I hereby certify that I attended the deceased from* Feb. 15, 1949, *to* Sept. 9, 1952, *that I last saw the deceased alive on* Sept. 9, 1952, *and that death occurred at* 2:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Palmer Romaine Bowdish M D
23b. ADDRESS: 5800 Arsenal St.
23c. DATE SIGNED: 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-12-52
24c. NAME OF CEMETERY OR CREMATORY: City Crematory
24d. LOCATION (City, town, or county) (State): St Louis, Mo

DATE REC'D BY LOCAL REG.: SEP 11 1952
REGISTRAR'S SIGNATURE: J Carl Smith M D M B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Ryan 5800 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.