

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15460

FILED APR 23 1953

State File No. ....

3843

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 Missouri b. COUNTY 2169

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. CITY OR TOWN St. Louis c. LENGTH OF STAY (In this place) 3 hours d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital e. STREET ADDRESS (If rural, give location) 3704a Potomac Street

3. NAME OF DECEASED a. (First) William b. (Middle) S. c. (Last) Becos 4. DATE OF DEATH (Month) (Day) (Year) April 12 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH Nov. 14, 1903 9. AGE (In years last birthday) 49 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) Machinist-Vickers Elec. Div. 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Athens, Greece 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William S. Becos 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Louise Becos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 493-07-7773 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Becos 3704a Potomac, City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Subdural Hematoma  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cause and manner of  
DUE TO (c) same could not be  
II. OTHER SIGNIFICANT CONDITIONS determined  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION Open Verdict 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Open Verdict 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE Patricia E Taylor Coroner (Degree or title) 23b. ADDRESS 1900 Clark 23c. DATE SIGNED APR 13 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 14, 1953 24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE RECEIVED BY LOCAL REG. APR 14 1953 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Welderle 3634 Gravois Ave.

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

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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.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.