No. 300
10-48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3365

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 263

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OVERLAND
c. LENGTH OF STAY (in this place) 4½ MOS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OVERLAND RESTORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY COOK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHICAGO 8120
d. STREET ADDRESS (If rural, give location) 1453 BELMONT 8

3. NAME OF DECEASED (Type or Print)
a. (First) ELLA
b. (Middle) JUNE
c. (Last) BECKER

4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 55

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH 6-13-1881
9. AGE (In years last birthday) 73 — 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) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAS. MADISON THOMPSON ROSE
13b. MOTHER'S MAIDEN NAME LAURA F SNORDER
14. NAME OF HUSBAND OR WIFE HERMAN BECKER (DECEASED)

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. NONE
17. INFORMANT'S SIGNATURE OR NAME EDWARD STANLEY — ADDRESS 3678-ISOLDA OVERLAND MO.

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) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 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 4200
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?

22. *I hereby certify that I attended the deceased from* Jan 25, 195, *to* Jan 31, 1955, *that I last saw the deceased alive on* Jan 31, 1955, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H W Koller MD (Degree or title)
23b. ADDRESS 2438 Woodson Rd. Overland 14 Mo.
23c. DATE SIGNED Jan 31/55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-2-55
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) CHICAGO (State) ILLINOIS

DATE REC'D BY LOCAL REG. 2-1-55
REGISTRAR'S SIGNATURE Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE EARL Hilleman — ADDRESS 9709 LACKLAND OVERLAND MO

SW (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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Earl L. Hillerman

Licensed Embalmer No. 3501

P. O. Address Oakland 14 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.