THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1955

State File No. 27383

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 223

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

1. PLACE OF DEATH

a. COUNTY: St. Francois

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Farmington, St. Francois

c. LENGTH OF STAY (in this place): 26y;8m;13days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. ~~COUNTY~~ City of: St. Louis

c. CITY OR TOWN: St. Louis

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

STREET ADDRESS (If rural, give location): 608 Monroe 2269 N

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

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 22, 1887

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: Armour Co. St. Louis

11. BIRTHPLACE (City and State or Foreign Country): Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Daniel W. Becker

13b. MOTHER'S MAIDEN NAME: Julia E. Ritterskamp

14. NAME OF HUSBAND OR WIFE: Alma Rohsonberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME Records — **ADDRESS:** State Hospital No. 4, Farmington, 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) General Paralysis of the Insane — INTERVAL BETWEEN ONSET AND DEATH: 27 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Luetic

DUE TO (c) 025X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with Institutionalization 27 yrs.

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) ~~Farmington~~ **(COUNTY)** ~~St. Francois~~ **(STATE)** ~~Missouri~~

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* Nov. 11, 1928, *to* July 24, 1955, *that I last saw the deceased alive on* July 24, 1955, *and that death occurred at* 11:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M D

23b. ADDRESS: State Hospital No. 4 Farmington, Missouri

23c. DATE SIGNED: 7-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 24, 1955

24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.

24d. LOCATION (City, town, or county) (State): Evansville, Ind.

DATE REC'D BY LOCAL REG.: JULY 24, 1955

REGISTRAR'S SIGNATURE: Esther Rudloff 299-

25. FUNERAL DIRECTOR'S SIGNATURE J. Max Lowe Funeral Home — **ADDRESS:** Evansville, Ind.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 412

P. O. Address Farmingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.