

FILED SEP 26 1956

STANDARD CERTIFICATE OF DEATH

1003 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8426

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5721 Riverview			Length of stay in lb 2 yrs.	d. STREET ADDRESS (If outside, give location) 5721 Riverview			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John H Becker, Jr.				First	Middle	Last	4. DATE OF DEATH Month Sept. Day 9 Year 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 19, 1893		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance			10b. KIND OF BUSINESS OR INDUSTRY Life Ins. Co Mo.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John H. Becker				14. MOTHER'S MAIDEN NAME Anna Barfus				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Julia Becker		Address 5721 Riverview		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 1 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary artery disease Coronary artery disease							10 yrs	
DUE TO (c) arteriosclerosis Arteriosclerosis							10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? 420.1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 6-21-50		20f. CITY, TOWN, OR LOCATION 9-9-56		COUNTY 9-6-56		STATE 9-6-56
21. I attended the deceased from June 24, 1950 to Sept 9, 1956 and last saw her alive on 9-6-56 Death occurred at 2:30pm m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. K. Beasley (Deputy or title) <i>J. K. Beasley M.D.</i>				22b. ADDRESS 16 Hampton Village <i>16 Hampton Village, Floro</i>		22c. DATE SIGNED 9/11/56		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Sept 12, 1956	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		23d. LOCATION (city, town, of county) St. Louis Co., Mo.		(State)	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. SEP 12 1956		26. REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>		

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.....
Arnold E Benz

Licensed Embalmer No. *486*

P. O. Address *7027*

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