

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
9903
2936

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

S. 300
P. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Flint Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		f. STREET ADDRESS 0920	
3. NAME OF DECEASED (Type or print) Victor Herman Becker		4. DATE OF DEATH Month 3 Day 23 Year 1957	
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 Aug. 9, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Gas Station	9. AGE (In years last birthday) 48
11. BIRTHPLACE (City and state or country) Flint Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Clem Becker		14. MOTHER'S MAIDEN NAME Halena Koester	
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. 487-38-3057	17. INFORMANT Dorothy Becker, Flint Hill, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epidermoid carcinoma of esophagus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 hours 3 months
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.) 150x	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/3/57 to 3/23/57 and last saw ^{her} _{him} alive on 33/23/57 Death occurred at 10:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE FR Bradley		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 3/24/57		22d. ADDRESS BARNES HOSPITAL	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-27-57	23c. NAME OF CEMETERY OR CREMATORY St. Rhedores Cemetery	23d. LOCATION (City, town, or county) (State) Flint Hill, Mo.
24. FUNERAL DIRECTOR T.E. Pitman, Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. MAR 26 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

St. Charles

St. Louis

x

St. Louis

x

St. Louis

188

Aug. 9, 1908

APR 18 1887
USE STATION

White

Male

St. Louis

St. Louis

USE STATION

Attendant

Halena Koster

Clear Becker

187-38-3057 . Corotiv Becker . St. Louis

St. Louis

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.....

Elmer R. Caldwell

Licensed Embalmer No. 40

P. O. Address St. Louis

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

St. Louis