

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2627
STATE FILE NUMBER
1253

FILED FEB 14 1958

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4024 a. Labadie Ave</i>		d. STREET ADDRESS (If outside, give location) <i>4024 a. Labadie Ave</i>	
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> <i>GUSTAVE ADOLPH BECKER</i>		4. DATE OF DEATH Month Day Year <i>Jan. 31, 1958</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 5-1881</i>
9. AGE (In years at birthday) <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Switchman</i>	
11. BIRTHPLACE (City and state or country) <i>Bluffton, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Becker</i>		14. MOTHER'S MAIDEN NAME <i>Augusta Keitel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-12-5046</i>	
17. INFORMANT <i>Mrs. Helen Becker</i>		Address <i>4024a Labadie</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> <i>Arterio Sclerotic Ht. Dis.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Hypertensive Ht. Disease 420.0</i>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>		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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>11/4-1957</i> , to <i>1-31-58</i> and last saw ^{her} him alive on <i>Jan. 5-1958</i> Death occurred at <i>6:05 P m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Helen Becker, M.D.</i>		22b. ADDRESS <i>1755 S. Grand</i>	
22c. DATE SIGNED <i>2/1/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>2/4/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Crematory</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>Drehmann-Harral</i>		ADDRESS <i>1905 Union Blvd.</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 3 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by (Student Embalmer No.

working under my personal supervision..

Student.....
(Signature of Student Embalmer

Signed *W. Warren A. Carver*

Licensed Embalmer No. *315*

P. O. Address *St. Louis*

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