

FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016834

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1006

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Ann</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Ann 407 1/2</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3765 Adie Rd.</u>		Length of stay in 1b <u>9 years</u>	d. STREET ADDRESS (If outside, give location) <u>3765 Adie Rd.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Albert - - - - Becker</u>			4. DATE OF DEATH Month Day Year <u>April 9, 1958</u>
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 30, 1875</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>	11. BIRTHPLACE (City and state or country) <u>Nokomis, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miller Cafeteria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Johanas Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Balk</u>	14. NAME OF HUSBAND OR WIFE <u>Leah S. Becker</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-36-9707</u>	17. INFORMANT Address <u>Leah S. Becker, 3765 Adie Road</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>ruptured Aorta</u> DUE TO (c) <u>Cirrhosis liver 4201</u> 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 <u>Sudden</u> <u>4 hrs.</u> <u>15 yrs</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <u>July 1955</u> to <u>April 1958</u> and last saw <u>him</u> alive on <u>4-9-58</u> Death occurred at <u>8:45</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. G. Fasting D.D.</u>		22b. ADDRESS <u>25 N. Hodieman Ave</u>	22c. DATE SIGNED <u>4/10/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glendale cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fillmore, Illinois</u>
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Drake M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All 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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *3454*
P. O. Address *Portland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. -- --
If this body is not embalmed, fact should be,so stated above.