

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042787  
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 312 Primary Registration District No. 500 Registrar's No. 3145

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Oakland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>300 S. Sappington</b>		Length of stay in lb <b>2 Months</b>	d. STREET ADDRESS (If outside, give location) <b>508 Foreston Pl.</b>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> <del>HARRY</del> Middle <b>F.</b> Last <b>BECKER</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>4</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 16, 1877</b>
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>81</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plant Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>American Brake Shoe Co.</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry Becker</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Haub</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth M. Becker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-07-4025</b>	
17. INFORMANT <b>Elizabeth M. Becker</b>		Address <b>508 Foreston Pl.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>Arterio sclerotic heart disease</b> DUE TO (c) <b>4200</b> 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 <b>acute</b> <b>chronic</b>
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 <b>2:00 A.</b> Month, Day, Year <b>Feb 13, 1950</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ITEM 3 CORRECTED BY AFFIDAVIT OF Funeral Director 1-8-51 Dec</b>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Feb 13, 1950</b> to <b>Dec. 4, 1958</b> and last saw him alive on <b>Dec. 1, 1958</b> Death occurred at <b>2:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Rm Chamas M.D.</b>		22b. ADDRESS <b>634 No. Grand</b>	
22c. DATE SIGNED <b>12/4/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 6, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Dombke MD</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

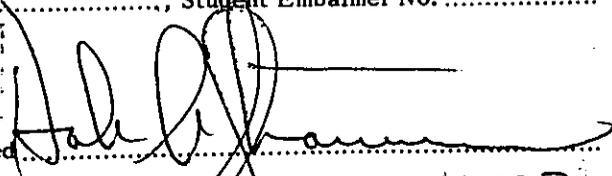
JAN 18 1959

JAN 5 1959

**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  .....  
Licensed Embalmer No. 4533 .....

P. O. Address .....

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.