

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-014813

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 98

STATE FILE NUMBER

FILED MAY 3 1961

1. PLACE OF DEATH

a. COUNTY **St. Charles**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Charles**c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph Hospital**

Length of stay in 1b

Inside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Charles**c. CITY OR TOWN **St. Charles** Inside Limits
Yes No d. STREET ADDRESS (If outside, give location) **1712 Watson St.** Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First **Francis** Middle **Charles** Last **Becker**4. DATE OF DEATH Month **April** Day **25** Year **1961**5. SEX **Male**6. COLOR OR RACE **White**7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **9/28/71**9. AGE (last birthday) **89**IF UNDER 1 YEAR
Months **7** Days **26**IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Rt. A.C. P. Indust.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Carlinville, Ill.**12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME

Dr. Charles Becker

13b. MOTHER'S MAIDEN NAME

Wilhelmina Bruera

14. NAME OF HUSBAND OR WIFE

Charlotte Bain Becker

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.

UNKNOWN

17. INFORMANT

Mrs. Charlotte Becker St. Charles

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral ArteriosclerosisINTERVAL BETWEEN ONSET AND DEATH
5 YRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis**10 YRS**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture, Right Neck of FemurPART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **July 1955** to **4/25/61** and last saw him alive on **4/24/61**
Death occurred at **8:26** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul H. Lotter MD

(Degree or title)

22b. ADDRESS

St. Charles, Mo

22c. DATE SIGNED

4/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/27/61

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Arthur C. Baue, St. Charles, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 26-61

26. REGISTRAR'S SIGNATURE

Maevella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *[Signature]*

Licensed Embalmer No. 3155
P. O. Address *[Signature]*

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.