

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039438

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2978

FILED NOV 8 1961

1- PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		Length of stay in 1b 4 Yrs.		c. CITY OR TOWN Maplewood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester N. Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7161a Lyndover Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EIMER Middle B. Last BECKER			4. DATE OF DEATH Month Oct. Day 22 Year 1961						
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 7-9-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Banker			10b. KIND OF BUSINESS OR INDUSTRY Bank & Trust Co.		11. BIRTHPLACE (City and state or country) Milwaukee, Wisc.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Becker			13b. MOTHER'S MAIDEN NAME Molly Wehner			14. NAME OF HUSBAND OR WIFE Gertrude Judlin 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. _____		17. INFORMANT Gertrude Becker, Address above				
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 Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) An accidental Fall								10 days	
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Senile Dementia						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell from doorway at Manchester Nursing Home					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year 3-28-58		20f. CITY, TOWN, OR LOCATION Manchester COUNTY St. Louis STATE Missouri					
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.)							
21. I attended the deceased from 3-28-58 to 10-21-61 and last saw him live on 10-21-1961 Death occurred at 9:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert W. Rafferty D.O.				22b. ADDRESS Clayton, Mo. Box 122, Manchester, Mo.				22c. DATE SIGNED 10-23-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-25-61		23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. 10-24-61		26. REGISTRAR'S SIGNATURE John L. Murphy Md			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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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 Malvin Bartan

St. Louis

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.