

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11892

Registration District No. 154

Primary Registration District No. 15

Registrar's No. 846

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6376 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community _____

3. (a) PRINT: FULL NAME Louise Niedringhaus Becker.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Henry W. Becker. 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Jan. 15th 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 28 If less than one day
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Christian F. Niedringhaus.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Schlege.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Warren R. Becker.
(b) Address 6376 Washington,

17. (a) burial (b) Date thereof Apr. 16, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Semetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) APR 15 1942 (b) C. H. Mc Laran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6376 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1942 hour 7 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1915
to April 13
that I last saw her alive on April 13
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial, Duration 4 days

Due to _____

Due to _____

Other conditions Died heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Brand (M. D. or other)
Address 583 S. Main St. Date signed 4/13/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Birchford A. Miles

Licensed Embalmer No. 2901

P. O. Address..... University City.

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 this body is not embalmed, fact should be so stated above.