

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14405

1. PLACE OF DEATH

County St. Louis

Township Central

2. FULL NAME

(a) Residence, No. 1438 So. Gore

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. - mos. - ds.

Registration District No. 788

Primary Registration District No. 1471

File No. _____

Registered No. 48

St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Montha Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

7

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Blackhall Winder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Missouri

FATHER

13. NAME

Wm L Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cincinnati Ohio

MOTHER

15. MAIDEN NAME

Elizabeth Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

17. INFORMANT (ADDRESS)

Howard R Becker 345 Way ave - Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL

Valhalla Cemetery

19. UNDERTAKER (ADDRESS)

Parker Burd Co Webster Groves

20. FILED

4-10 1933

Dr. A.W. Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1932, to 4-13, 1933

I last saw him alive on 4-13, 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Sept
Intermittent Nephritis W

Name of operation None Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Arthur N. Wentz, M.D.
(Address) 204 E. 27th St. Webster Groves, Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1933

