

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis (No. 5622 S. Magnolia Ave.) St. _____ Ward _____

File No. 42486
Registered No. 10973
St. _____ Ward _____

2. FULL NAME

Oscar J. Becker,
(a) Residence, No. 5622 S. Magnolia Ave. St. 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Teresa Becker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1881</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>4</u>
		<u>2</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Metal Spinner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Western Elec. Co.</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME Peter Becker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Elizabeth Erkenbrecher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT Teresa Becker
(ADDRESS) 5622 S. Magnolia Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE Nov. 4, 193619. UNDERTAKER Wacker-Heldler
(ADDRESS) 2331 S. Broadway20. FILED NOV 3 1936 J. T. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 193622. I HEREBY CERTIFY That I attended deceased from Aug 25, 1935 to Nov 1, 1936I last saw him alive on Nov 1, 1936 Death is said to have occurred on the date stated above, at 3:36 P.M.The principal cause of death and related causes of importance were as follows:
Cerebral HemorrhageOther contributory causes of importance:
HypertensionName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No23. 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? No

If so, specify _____

(Signed) Harry L. Rudenick M. D.
(Address) 3750 Gravois

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.

