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.

REC'D MAY 10 1938

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

13185
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3789
(c) City St. Louis (d) Street No. Missouri Baptist St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anton Becker 260
(a) Residence, No. 4326 Wilcox St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2, 1890
7. AGE: YEARS 48 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Austria 7

FATHER
13. NAME: Not known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known 9
Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known
Not known

17. INFORMANT (ADDRESS): Ann Becker
4326 Wilcox
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem DATE 4/25/38, 19
19. FUNERAL DIRECTOR (ADDRESS): J. L. Ziegenhein & Sons
7027 Gravois Avenue.
20. FILED APR 23 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 19th, 1938, to April 21, 1938
I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of heart	4/21/38

Other contributory causes of importance:
Bronchial asthma
myocarditis chronic

Name of operation Polypi removed Date of 4/21/38
What test confirmed diagnosis? Post mortem Was there an autopsy? yes

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? no
If so, specify .....
(Signed) John P. Murphy, M. D.
(Address) Lister Bldg
4500 Olive St
St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)