

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13354
Do not use this space.

MAY 10 1938

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 4006 A. Palm 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
1
791
1003

Registered No. 3958

2. PRINT FULL NAME Minnie Becker 260

(a) Residence, No. 4006 A Palm St. 10
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 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) St Louis Mo

13. NAME Fred Haarstick

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Alice Rentchler 7171 Hunter Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St Marcus DATE April 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) A. Henry L & Co. 2707 47 Grand Blvd

20. FILED APR 28 1938 J. F. Prudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1938 to 4-26, 1938

I last saw him alive on 4/26, 1938 Death is said to have occurred on the date stated above, at 1.40 pm

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

Cerebral Apoplexy
Hypertension
Atherosclerosis
Ch. myocarditis

Date of onset 3/11/38

Other contributory causes of importance:
Hypertension
Atherosclerosis
Ch. myocarditis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 L. J. Hayden, M. D.
 (Signed) L. J. Hayden
 (Address) 5809 Wilmar

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul F. Krollenberg, Licensed Embalmer No. 2631

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

L. E.

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

Signed Paul F. Krollenberg
Licensed Embalmer No. 2631

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.)