

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.

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

20673
 Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **ST. LOUIS** (d) Street No. **6215 Odell** 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

(a) Residence, No. **6215 Odell Av.** St. **3** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George B. Gregory		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1860		
7. AGE 71	YEARS 4	MONTHS 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS Mo.		
13. NAME Henry Becker		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Wife of Henry		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) William Dahman 6215 Odell Av.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 7-1-1938		
19. FUNERAL DIRECTOR (ADDRESS) Witt Bros. Lv. Mo. 2929 S. Jefferson Av.		
20. FILED JUN 28 1938 J. D. Beckler Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 17, 1938**, to **June 28, 1938**
 I last saw her alive on **June 26, 1938**. Death is said to have occurred on the date stated above, at **2 1/2** p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy (Cerebral Hemorrhage) Date of onset **June 17**
arteriosclerosis

Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? 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? **no**
 If so, specify
 (Signed) **R. Brent Murphy** M. D.
 (Address) **6120 Breckinridge Ave**

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin

Licensed Embalmer No.

3472

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

Paul A. Shanklin

L. E.

No.

3472

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No.

3472

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.)