

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 291

Primary Registration District No. 2002

Registrar's No. 10619

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St Anthony's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Maxville NR  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Joseph F Becker 260

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 4 1884  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1939 hour 7:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11/13/39  
19\_\_\_\_ to 12/11/39 19\_\_\_\_;  
that I last saw him alive on 12/11/39 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 0 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Maxville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Adam Becker

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Messler

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death \_\_\_\_\_  
Carcinoma pyloric end of stomach.

Due to \_\_\_\_\_

Due to H/O

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Louis Becker

(b) Address Kimmswick Mo

17. (a) Burial (b) Date thereof 12-14-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maxville Mo

18. (a) Signature of funeral director Fred Heiligtag

(b) Address Kimmswick Mo.

19. (a) DEC 12 1939 (b) J. Brudish  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

28. Signature Frank F. Huck (M. P. Registrar)

Address St Louis, Mo Date signed 12/12/39

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**