

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. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
 (a) County 3  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: EV ROUTE CITY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. No 1  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2012 HICKORY ST.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILLIAM BECKER 260  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 492-01-7225

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 30  
 year 1939 hour 6 minute 10 P. M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWER  
 6. (b) Name of husband or wife EMMA BECKER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased OCTOBER 7 1877  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 23 If less than one day  
 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_  
 Due to 1939  
 Due to Chronic Interstitial  
 Other conditions Nephritis  
 (Include pregnancy within 3 months of death)

9. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation LEATHER WORKER

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 131  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

11. Industry or business INTERNATIONAL SHOECO. O  
 MOTHER FATHER  
 { 12. Name W M BECKER  
 13. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name AMILIA VOLTNER  
 15. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. H. Bunnstein  
 (b) Address 2602 1/2 Rutger St.  
 17. (a) BURIAL (b) Date thereof JAN 2 - 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NEW ST. MARCUS'

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? \_\_\_\_\_

18. (a) Signature of funeral director E. J. Schmur  
 (b) Address 3125 Lafayette Av.  
 19. (a) DEC 31 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 4  
 23. Signature Amey Lecky (M. D. or other) 40  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

*Joe B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address..... *3125 Lafayette Ave*

**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.**