DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42155

Registration District No. 721 1808

Primary Registration District No.

Registrar's No. 11278

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5531 Mimika (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 77 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 5531 Mimika (If rural, give location)

(e) If foreign born, how long in U. S. A.? 77 years.

3. (a) PRINT FULL NAME Christina Becker 2.2

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. Becker

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

7. Birth date of deceased August (Month) 20 (Day) 1851 (Year)

8. AGE: Years 88 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Meyer

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

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs J Hoffle

(b) Address 5531 Mimika Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Kuehmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) DEC 31 1939 (Date received local registrar) (b) J T Boeckeler (Registrar of district)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1939 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1939 to Dec 31, 1939 that I last saw her alive on Dec 31, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	12-1-38
Due to Arteriosclerosis	12-1-37
Due to	
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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clemens A Meyer (M. D. or other)

Address 3836 N. Broadway Date signed 1-2-1940

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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

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