

Registration District No. **791**  
**MAR 13 1940**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4938 Lisette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community 62 years  
years, months or days

3. (a) PRINT FULL NAME Amalia Becker

8. (b) If veteran, name war. ---- 8. (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 John A. 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased November 4, 1852  
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 27 If (less than one day) hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

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

12. Name Joseph Burger

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

14. Maiden name Appollinia Miller  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm J Becker  
(b) Address 4938 Lisette

17. (a) Burial (b) Date thereof 2/5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation O. S. S. Peter & Paul

18. (a) Signature of funeral director Wacker - Heiderle  
(b) Address 2331 S. Broadway

19. (a) FEB 13 1940 (b) J. P. Beckwith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4938 Lisette  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2  
year 1940 hour 7 minute 55p.m.

21. I hereby certify that I attended the deceased from Jan 6  
1940, to Feb 2, 1940  
that I last saw her alive on Feb 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Broncho Pneumonia

Due to Grip

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

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

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

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) (e) Means of injury \_\_\_\_\_

23. Signature Thelma Grace (M. D. or other) \_\_\_\_\_  
Address 3702 Green Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1A62

1A62

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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.....

*Robert Wheeler*

Licensed Embalmer No. 2178

P. O. Address. St. Lawrence

**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.**