

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1082

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)

In this community 13 days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME GEORGE BECKER 260

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. 720-09-2413

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased February 20 1908  
(Month) (Day) (Year)

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

32	3	16	hr. _____ min.
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9. Birthplace Bever Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Pool Hall

12. Name Steven Becker

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

14. Maiden name Not known to patient (deceased)

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

16. (a) Informant Hospital records

(b) Address Robert Koch Hospital, Koch, Mo

17. (a) (Special, cremation or removal) (b) Date thereof 6-10-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly, June 10 1940

18. (a) Signature of funeral director Mahon Fun. Dir.

(b) Address Moberly, Mo

19. (a) JUN 7 - 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3905 Botanical  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 6  
year 1940 hour 1 minute 15 PM

21. I hereby certify that I attended the deceased from May 25, 1940, to June 6, 1940;  
that I last saw him alive on June 6, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Pulmonary Tuberculosis / 4 yrs  
Intestinal Tuberculosis / 6 mos  
Due to Tuberculosis of Larynx / 6 mos

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

Other conditions 23  
(Include pregnancy within 3 months of death)

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

Of autopsy Pulmonary tuberculosis with cavitation, larynx tuberculosis, kidney liver intestinal tuberculosis

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? \_\_\_\_\_

23. Signature Clyde R. Mester (M. D. or other) [Signature]  
Address Koch Hospital, Koch, Mo Date signed 6-6-40

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

(?) Means of injury \_\_\_\_\_

**PHYSICIAN**

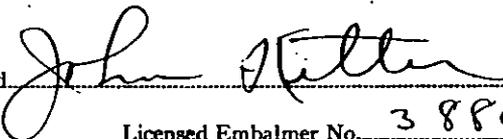
Underline the cause to which death should be charged statistically.

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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 .....  
Licensed Embalmer No. 3880.....

P. O. Address.....

**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.**