

FILED ON 25 10 1940

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:
2048 A RUSSELL BLV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CAROLINE BECKER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JACOB BECKER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 2 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

12. Name Unknown PIEL

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

14. Maiden name Unknown

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

16. (a) Informant Laura Becker

(b) Address 2048 Russell Blv.

17. (a) BURIAL (b) Date thereof SEPT 30 1940
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave.

19. (a) 9-29-40 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2048 A RUSSELL BLV.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT, day 26
year 1940 hour 10 minute 05 PM.

21. I hereby certify that I attended the deceased from January
_____ 1936 to Sept 26 1940;
that I last saw her alive on Sept 26 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
arteriosclerosis generalized
Ch. interstitial nephritis } Duration 3 years

Due to _____
Due to senility

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Hubert J. Langford (M. D. or other) _____
Address 3115 So Grand Date signed 9/28/40

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

MOTHER FATHER

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

Joseph B. Hollmer

Licensed Embalmer No.

4014

P. O. Address

3125 Lafayette St

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.