

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH.

26247

State File No. ....

Registration District No. 784

Primary Registration District No. 240

Registrar's No. 1598

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3715 St. Anns Lane /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3715 St Anns Lane  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Hattie Becker

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William H. Becker 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 24 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 5 ..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Becker

(b) Address 8730 West Pl. Overland

17. (a) Burial (b) Date thereof 8-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Readsville Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUL 30 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1941 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 1941 to July 29 1941  
that I last saw her alive on July 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic Myocarditis  
General Atherosclerosis  
Due to Coronary Arteriosclerosis  
Congestive Heart Failure  
Due to.....

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Major findings:  
Of operations 93d  
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 [Signature] (M. D. or other) BS DO  
Address 732 St Louis St Date signed July 30 1941

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

7320 J. Lorenzini & P. R. L.  
6-9 a 2-5 p m  
Est 7999 9-11 A.M.

**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 Albert R. Thompson Jr  
Licensed Embalmer No. 4237  
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, fact should be so stated above.**