

S. No. 2
M-1-4-41
v. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 51
Registrar's No. 66

Registration District No. _____

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Bernhardt Hills
(If outside city or town limits, write "RURAL")
(d) Street No. 7171 Hunter Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR DANIEL BECKER
3. (b) If veteran, name war NO
3. (c) Social Security No. 493-07-9830

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2
year 1942 hour 3 minute 50 p. m.
21. I hereby certify that I attended the deceased from
December 1, 1941 to Jan 2, 1942
that I last saw him alive on Jan 2, 1942
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Rose Becker
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased December 12 1898
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism
Duration 1 hrs.
Due to Femoral thrombosis
Due to Influenza
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy Pulmonary embolism
Femoral thrombosis

8. AGE: Years Months Days If less than one day
44 0 20 hr. _____ min.

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? _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical worker

11. Industry or business Fruco Construction Co.

12. Name Daniel Becker
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Harstick
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Becker Rentchler
(b) Address 7171 Hunter Ave

17. (a) Burial (b) Date thereof Jan-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place, burial or cremation Memorial Park Cem

18. (a) Signature of funeral director A. How & U. Co.
(b) Address 2707 N. Grand Bld

19. (a) JAN 5 1942 (b) G. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Feller (M. D. or other) MD
Address 2739 N. Grand Date signed 1/3/42

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

J

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.

Signature

Paul F. Knowlton

Licensed Embalmer No. *2681*

P. O. Address

2707 N. Grand

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.