

FILED MAR 17 1942

1003

Registration District 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
1936a Benton Str  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 (Specify whether years, months or days)

In this community 59 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1936a Benton Str. (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Daniel Becker

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

4. Sex male U 5. Color or race white

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

6. (b) Name of husband or wife Wilhelmina Becker 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: July 9 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Bread Wrapper

11. Industry or business Continental Baking Co

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilhelmina Becker

(b) Address 1936a Benton Str

17. (a) Burial (b) Date thereof Feb. 14. 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Henry Leidner and Co

(b) Address 2223 St. Louis Ave

19. (a) FEB 19 1942 (b) J. F. Bredenk  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11<sup>th</sup>  
year 1942 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Sept 8 1936  
to February 10 1942  
that I last saw him alive on February 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Myocarditis  
Arterio Sclerosis

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

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

Duration  
2 Mo.  
Years  
Years

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?  
Home

While at work? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Alfred M. Langenbach (M. D. or other) \_\_\_\_\_  
Address 5427 Southwest Ave Date signed Feb 11/42

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

Becker

P

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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.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *3320 So. Louis Ave*

**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.**