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V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12402

Registrar's No. 3527

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 20 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2221 Dodier St. 9
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Arthur Wm. Becker

3. (b) If veteran, name war No

3. (c) Social Security No. 493-07-9807

4. Sex Male O

5. Color or race white

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

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

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

7. Birth date of deceased April (Month) 4 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	0	16	hr. min.

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

10. Usual occupation Brewerer

11. Industry or business Hyde Park

FATHER
12. Name William H. Becker
13. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Suger
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Becker
(b) Address 2221 Dodier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director H. Leidner Und. Co
(b) Address 2223 St. Louis Ave.

19. (a) APR 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19, year 1942 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from April 16, 1942, to April 19, 1942; that I last saw him alive on April 19, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to 83 a1	
Due to 82 a1	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature M. M. Karl (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 4/20/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.