

FILED DEC 7 1942  
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town. St. Louis, Missouri  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(d) Length of stay: In hospital or institution. 19 Days  
In this community...  
years, months or days

3. (a) PRINT FULL NAME Amelia Becker  
3. (b) If veteran, name war. No  
3. (c) Social Security No.

4. Sex Female / 5. Color or race Wht.  
6. (a) Single, widowed, married, divorced. Wid.  
6. (b) Name of husband or wife. Ernst Becker  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased Unk. About 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 87 Unknown hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Anton Rotty  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Jansen  
(b) Address 1111 Allen Ave.

17. (a) Burial (b) Date thereof 11/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old. St. Marcus

18. (a) Signature of funeral director. Wm E. Moyall  
(b) Address 1926 Allen Ave.

19. (a) NOV 26 1942 (b) J. F. Brudick  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 100  
(c) City or town. St. Louis, 12 3  
(d) Street No. 1111 Allen Ave  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27,  
year 1942 hour 1:40 minute P. M.  
21. I hereby certify that I attended the deceased from November  
8, 1942, to November 27, 1942;  
that I last saw h. er alive on November 27, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cholecysto-cysto. duodenal fistula  
with abdominal abscess  
Due to Emphysema of Gall Bladder  
Cholelithiasis  
Due to...  
Other conditions:  
Major findings:  
Of operations:  
Of autopsy as above.

Duration  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Drew M. Coleman  
Address 1515 Lafayette Avenue, Date 11/28/42

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

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed M. C. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen a

**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.**