

25974

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 8 1943

Primary Registration District No. 6076

Registrar's No. 1776

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lambert Field
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Lambert Field
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5374 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Dee Becker

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise M. Becker 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 8 _____ hr. _____ min.

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

10. Usual occupation Mayor St. Louis, Mo.

MOTHER FATHER { 11. Industry or business
12. Name Johy Phillip Beclger 4
13. Birthplace Gros-geran Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Cammann 4
15. Birthplace Bremen Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise M. Becker

(b) Address 5374 Delmar Blvd.

17. (a) Burial (b) Date thereof 8/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. H. Lupton

(b) Address 7233 Delmar Blvd

19. (a) AUG 8 1943 (b) C. H. Lupton
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw h_____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death In the crash of a glider. Duration _____

Due to Body completely mutilated.

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No. 173-6 34

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) Accident. 196

(b) Date of occurrence August 1, 1943

(c) Where did injury occur? Lambert Field
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Louis H. Papp (M. D. or other) _____

Address Kirkwood, Mo. 8-2-43 Date signed _____

NOV 5 1949

DEC 20 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.