

FILED DEC 9 1943 18
Registration District No.

Primary Registration District No. **1003**

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

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:
3735a Wyoming St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community **Unknown** / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3735a Wyoming St.**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Katherine Becker**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**

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

7. Birth date of deceased **December 2, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 23 hr. min.

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

10. Usual occupation **Home**

11. Industry or business

12. Name **Christian Thuerwacher**

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

14. Maiden name **Anna Marie Schenk**

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

16. (a) Informant **Adam Becker**
(b) Address **3735 Wyoming St.**

17. (a) **Burial** (b) Date thereof **11 29 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Placher-Heldrich Und. Co.**

(b) Address **NOV 27 1943 3634 Gravois**

19. (a) **J. J. Braden** (b) (Registrar's signature)
(Date received local registrar)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25**
year **1943** hour **6** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Sept 16** 19**43** to **Nov 25** 19**43**
that I last saw him alive on **Nov 24** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Impediment** Duration **10 yrs**

Due to **Chronic Bronchial asthma** 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(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?

While at work? **no** (Specify type of place) (e) Manner of injury **no**
Signature **J. J. Braden** (M. D. or other) **MD**
Address **5417 No. Grand Blvd** Date signed **11-26-43**

16 17 9

MOTHER FATHER

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..... *Frank J. Ireland*.....

Licensed Embalmer No. *2645*.....

P. O. Address..... *St Louis Mo*.....

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.