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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39055

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2546

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Rural Gravois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home. 8149 Gravois Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One & One Half Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6933A. A Garner Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Becker.

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Oct. 16, 1863. (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 26 If less than one day ....hr. ....min.

9. Birthplace Baldwin (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Iron Moulder

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Carl W. Becker.
(b) Address 6933 A. Garner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) NOV 17 1943 (Date received local registrar) (b) E. L. McGavren, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1943 hour 8:02 P.M. minute ....M.

21. I hereby certify that I attended the deceased from June 5th, 1942, to November 14, 1943; that I last saw h.... alive on ....19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis
Arteria sclerosis
Mental prejudiced
Due to Infirmities of age
Due to Senility

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 92 b

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

23. Signature J. J. Meredith (M. D. or other) M.D.
Address 2598 Kingshighway Date signed 11-16-43

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Maplewo

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.