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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18540

FILED JUN 19 1945 18

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 4998

1. PLACE OF DEATH:

(a) County .....
(b) City or town ST, Louis, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/30/45 to 6/4/45 (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town ST, Louis MO, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal ST, 13
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Nora Becker (Baker)
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 31 (Day) 1880 (Year)
8. AGE: Years 65 Months 01 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace Ind (City, town, or county) ..... (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER 12. Name William Rowley
13. Birthplace ? (City, town, or county) ..... (State or foreign country)
MOTHER 14. Maiden name Mary ?
15. Birthplace ? (City, town, or county) ..... (State or foreign country)
16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal ST,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl
19. (a) JUN 6 1945 (Date received by registrar) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1945 hour 6 minute P M.
21. I hereby certify that I attended the deceased from 4/30/45, 1945 to 6/4, 1945; that I last saw her alive on 6/4/45, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to	
Due to	
Other conditions cerebral arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

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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 C. W. Maxwell (M. D. or other)
Address 5600 Arsenal Date signed 6-4

(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: Harry A. Olivari

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.