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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7065

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 523

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Lawn Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles A. Becker

3. (b) If veteran, name war None 3. (c) Social Security No. 492-09-9227

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

6. (b) Name of husband or wife Isabell Becker nee Ostermann 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 23, 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Vault Setter

11. Industry or business Berg Vault Co.

12. Name C. Jay Becker

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

14. Maiden name Anna Hensel

15. Birthplace At sea  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Isabell Becker

(b) Address 8657 Partridge Ave

17. (a) Burial (b) Date thereof 3/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 3-2-46 (b) W. L. Garrison M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8657 Partridge Ave  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23th year 1946 hour 4:10 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from my 1945 to Feb 23 1946  
that I last saw him alive on Feb. 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_  
Coronary Artery Disease  
metabolic  
other cause.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. L. Garrison (M. D. or other) DO

Address 7320 Florence Date signed 3/2/46

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

MOTHER FATHER

MAR 25 1940

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 *William G. Burkho*

Licensed Embalmer No. *2110*

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.**