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5-17-39  
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36278

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 4 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 402

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU.  
(b) City or town CAPE GIRARDEAU.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOME 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether) 34 YEARS.  
In this community 34 YEARS. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIR.  
(c) City or town CAPE GIRARDEAU.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1415 GOOD HOPE ST.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES E. BECKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-05-4027

4. Sex MALE 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 MARCH 1 - 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 8 26 hr. min.

9. Birthplace CAPE GIRARDEAU, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE WORK

11. Industry or business SO. E. MO TELEPHONE Co

12. Name CHARLES A. BECKER

13. Birthplace IND.  
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE YAGGI

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

16. (a) Informant MRS C. E. BECKER

(b) Address CAPE GIRARDEAU, Mo

17. (a) BURIAL (b) Date thereof Nov. 30 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Walthus Lind Co

(b) Address Cape Girardeau Mo

19. (a) 11-30-1946 (b) G. E. Summers  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27  
year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 9-25 1945 to 11-27 1946  
that I last saw him alive on 11-27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
Rectum  
Due to Metastatic Disease - 6 months  
Duration 14 months

Due to 46 E  
Other conditions (Include pregnancy within 3 months of death) 46 E

Major findings: Of operation Carcinoma of  
Rectum - Oct 24 - 1945  
Of autopsy none  
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) 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? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Walthus Lind (M. D. or other) MO.  
Address Cape Girardeau Mo Date signed 11-28-46

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

MOTHER FATHER

1246-2936  
12-2-46

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 *Virgil H. Helch*  
Licensed Embalmer No. *4102*  
P. O. Address *Cape Girardeau, 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.