

3. No. 2
-12-45
5-17-39
I X47070

FILED NOV 25 1946

Registration District No. **277**

Primary Registration District No. **3063**

Registrar's No. **3321**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 1521 Menard St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Paul Becker

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 22 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>0</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Laundry Worker

MOTHER FATHER

11. Industry or business _____

12. Name Theodore Becker

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

14. Maiden name Stella Sierwak

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

16. (a) Informant Edward Becker

(b) Address 1521 Menard St.

17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass Ave.

19. (a) 11-19-46 (b) Ruth Allen MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death as result of excessive use of alcoholic beverages; body found at
Due to Sunset Sanitarium, Ellisville, Mo.

Due to _____

Other conditions ME
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

~~XXXXXX~~

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

(a) Accident, suicide, or homicide (specify) Natural Causes

(b) Date of occurrence Nov. 17, 1946.

(c) Where did injury occur? Ellisville, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Sunset Sanitarium
(Specify type of place)

While at work? _____ Means of injury Natural Causes.

23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 11/18/46

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

MAY 6 1947

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..... *B. R. Caldwell*

Licensed Embalmer No..... *4077*

P. O. Address.....

-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.