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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38373

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10047

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3618 South Jefferson Avenue
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")

(d) Street No. 3618 South Jefferson Avenue 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daniel N. Becker, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Cecelia Becker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 8, (Day) 1877 (Year)

8. AGE: Years 69 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

11. Industry or business Real Estate

FATHER
12. Name Daniel Becker 0
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Boudinet
15. Birthplace Alsaace Lorraine, France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Leo A. Becker
(b) Address 3618 So. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. J. Robert L.& U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) NOV 25 1946 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)
NOV 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 21st, 1946 to November 24th, 1946
that I last saw him alive on November 24th, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Diabetis Mellitus	22 yrs
Due to	
Due to	
Other conditions Papillomata Bladder (Include pregnancy within 3 months of death)	2

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature William Baron (M. D. or other) M.D.
Address 3601 S Jefferson Date signed 11/25/46

(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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St Louis, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.