

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

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:  
5458 Rosa  
(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)

3. (a) PRINT FULL NAME Helen M. Becker  
3. (b) If veteran, name war No 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 Harry A. 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased 5-6-1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 12 hr. min.

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER  
12. Name William Suess  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry A. Becker  
(b) Address 6045 Hampton, St. Louis, Mo.

17. (a) burial (b) Date thereof Nov. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Colony Mausoleum

18. (a) Signature of funeral director Wacker - Helder U. & L. Co.  
(b) Address 3634 Gravois, St. Louis, Mo.

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

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. 6045 Hampton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th  
year 1946 hour 6 minute 05 P. M.  
21. I hereby certify that I attended the deceased from May 18 1945 to Nov 18 1946  
that I last saw her alive on Nov 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to Hypertension } Sudden  
arteriosclerosis } not known

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

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

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?.....

23. Signature Paul J. [unclear] (M. D. or other)  
Address St. Louis, Mo. Date signed Nov 21 1946

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

37189

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.....

*Frank J. Hand*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis*

**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.**