

S. No. 2  
DM-5-43  
v. 4  
1943  
3867

MAR 11 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2169**

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:  
St. Louis Maternity 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4465 West Pine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nelda Helene Becker

3. (b) If veteran, name war \_\_\_\_\_ 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 Earl George Becker  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased September 9 1924  
(Month) (Day) (Year)

8. AGE: 22 Years 5 Months 22 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Portagesville Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Mrs. Hallie McAdoo  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Ball  
15. Birthplace Portageville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl G. Becker  
(b) Address 4465 West Pine

17. (a) Burial (b) Date thereof 3-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Albert H. Hopps  
(b) Address 4700 Washington Blvd.

19. (a) MAR 3 1947 J. F. Kueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1947 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept. 5 1946 to March 1 1947.  
I last saw her alive on March 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia Brain Hemorrhage Duration 3-4 hrs.

Due to Toxemia of Pregnancy

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

Major findings: Cesarean Section  
Of operations Normal infant  
Of autopsy Brain Hemorrhage, Eclampsia

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

23. Signature John E. Hoops (M. D. or other) \_\_\_\_\_  
Address 630 S. Kingshighway Date signed 3/24/47

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

APR 9 1947

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**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 W. W. Wilkinson  
Licensed Embalmer No. 3575  
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.**