S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13915

Registration District No. 76

Primary Registration District No. 5595

Registrar's No. 14

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE 81 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR IMPERIAL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM F. BECKER

3. (b) If veteran, name war .....

3. (c) Social Security No. ✓

4. Sex MALE O

5. Color or race W

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

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

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

7. Birth date of deceased SEPT (Month) 23 (Day) 1865 (Year)

8. AGE: Years 81 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace KIMMSWICK (City, town, or county) MO (State or foreign country) O

10. Usual occupation FARMER

11. Industry or business FARMER

FATHER
12. Name JACOB BECKER 4
13. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARGARET BAUMBACH 1
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant GERARD BECKER

(b) Address KIMMSWICK MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR (Month) 11 (Day) 1947 (Year)

(c) Place: burial or cremation ST JOSEPH CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO R.R. 1

19. (a) April 10 - 47 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1927, to Apr 8, 1947 that I last saw him alive on 4-8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. F. Reich (M. D. or other) MD

Address Kimmswick Mo Date signed 4/8/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4-18-42
Date Filed

NOV 28 1949

VS FEB 10 1960

DEC 17 1951

APR 12 1951

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. Elmer Heligtag

Licensed Embalmer No. 3571

P. O. Address. Kimmswick, 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.