

3. No. 2
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PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 14839
Registrar's No. 3698

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5820 So. Compton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 44 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William C. Becker
3. (b) If veteran, name war.....
3. (c) Social Security No. 488-01-1385A

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Fehrmann
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November 18 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 17 hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printing

MOTHER FATHER { 12. Name William Becker
13. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Regina Eigenmann
15. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Becker
(b) Address 5820 So. Compton
17. (a) Burial (b) Date thereof April 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. INC.
(b) Address 1936 St. Louis Ave.

19. (a) APR 8 1947 (Date received local registrar)
J. F. Bredek (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. 5820 So. Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 14, 1947, to April 5, 1947,
that I last saw him alive on April 3, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery
Myocarditis with
obstruction
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

about 5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?..... (Specify type of place)
(e) Means of injury.....
23. Signature J. F. Bredek (M. D. or other)
Address 3806 Travis Date signed 4/9/47

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

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 *Delit J. Krupin*
Licensed Embalmer No. 3497
P. O. Address 1936 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.