

S. No. 2  
-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 28828  
Registrar's No. 7619

Registration District No. 318  
Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days) 42 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 000  
(c) City or town St. Louis and  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 1438 E. Grand  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ALICE BECKER  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 11  
year 1947 hour 14 minute 06 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Solomon Becker  
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from 27 Feb, 1945, to Aug 11, 1947  
that I last saw her alive on Aug 10, 1947  
and that death occurred on the date and hour stated above.  
Duration

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

Immediate cause of death Hyper-tension - Cardiovascular disease with decompensation years

8. AGE: Years Months Days If less than one day  
About 84 br. min.

Due to 920  
Due to 920  
Other conditions (include pregnancy within 3 months of death) None aggravated by Heat Stroke

9. Birthplace Russia  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business.....  
12. Name Simon M. Edelstein  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause of which death should be charged statistically.  
Major findings: none  
Of operations.....  
Of autopsy none

16. (a) Informant Abe Becker  
(b) Address 7546 Teasdale  
17. (a) Burial (b) Date thereof 8/12/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Beth Ham Hag  
18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson Avenue  
19. (a) AUG 11 1947 (b) J. P. Arndt  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury 0  
23. Signature Frank Cohen (M. D. or other) 0  
Address 402 N. Taylor Date signed Aug 11/47

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

MOTHER FATHER

**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 \_\_\_\_\_

Licensed Embalmer No. 4559

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.