

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28829

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7523

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..... **Missouri Baptist Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4471 Olive St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Elizabeth M. Becklas**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No.: **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Single**

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

7. Birth date of deceased..... **About 1980**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 hr. min.

9. Birthplace..... **Old Monroe Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Seamstress**

11. Industry or business.....

12. Name..... **Christopher Becklas**

13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown Bauer**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Cecelia Hakenwert**
(b) Address..... **Old Monroe, Mo.**

17. (a) **Burial** (b) Date thereof..... **8-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Old Monroe, Mo.**

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

19. (a) **AUG 8 1947** (b) **J. Becklas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **7** day..... **6**
year..... **47** hour..... **11:00** minute..... **A. M.**

21. I hereby certify that I attended the deceased from.....
July 1 - 1947 to..... **8-6-47** 19.....
that I last saw him..... **3** alive on..... **8-6-47** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of abdominal viscera - Metastatic from Pelvis**
Due to..... **Carcinoma of Uterus**

Due to..... **Carcinoma of Breast Hypo-Primary Site**
290. Calostomy for Obstruction

Other conditions..... (Include pregnancy within 3 months of death)
Major findings: **General Carcinosis**
Of operations.....
Of autopsy..... **None**

Duration
Primary Site
PHYSICIAN
Underline the cause of 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..... **R. A. Aldrich** (M. D. or other) **9/8**
3730 Washington Date signed..... **9/8 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.....

John S. Bernick
.....

Licensed Embalmer No..... *4194*

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.