V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35493

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9659

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

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 JOHNS HOSP.
(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) Herman

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLIONIS (b) County RANDOLPH
(c) City or town RED BUD
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME HENRY C. BECKER.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife ELIZABETH
6. (c) Age of ~~husband or~~ wife if alive 71 years
7. Birth date of deceased FEB (Month) 7 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 8 If less than one day hr. min.

9. Birthplace RED BUD. (City, town, or county) ILL (State or foreign country)
10. Usual occupation MILL OPERATOR
11. Industry or business FLOUR MILL.

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

MOTHER
14. Maiden name AMOLIA GLINDKAMP
15. Birthplace MEMPHIS (City, town, or county) TENN. (State or foreign country)

16. (a) Informant MRS ELIZABETH BECKER
(b) Address RED BUD. ILL.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation RED BUD. ILL
18. (a) Signature of funeral director ROWLAND FUNERAL SCR
(b) Address 1855 WASHINGTON AV.
19. (a) OCT 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/15/47 day
year 1947 hour 7 minute 00 A M.

21. I hereby certify that I attended the deceased from 10/8/47, 19..., to 10/15/47, 19...;
that I last saw him alive on 10/14/47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhage of Carcinoma of intestine

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 W. Hack (M. D. or other) [illegible]
Address Humphreys Bldg Date signed 10/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6996

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.....Ley Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St Louis 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.