No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42845

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11362

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: Firmin Desloge Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3713 S. Jefferson 9
(If rural, give location)

24 0

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Becker

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

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased February 21, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Thomas Edland

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Helen Becker

(b) Address 3713 S. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/47 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Feldhake

(b) Address 3634 Gravois Ave.

19. (a) DEC 12 1947 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1947 hour 4 minute 45P. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1947 to Dec. 9, 1947 that I last saw her alive on Dec 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration

Due to Hypertensive Cardiovascular disease 2 years

Due to

Other conditions (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 Raymond T. Martin (M. D. or other) L.D.

Address 5203 Chippewa Date signed 11 Dec 47

(Licensed Embalmer's Statement on Reverse Side) Raymond T Martin

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.