

National Office of Vital Statistics  
**FILED JAN 16 1948 318**

Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **9 weeks,**  
(Specify whether **Life,**  
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..... **3882 Humphrey**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Minnie Becker,**

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..... **married**

6. (b) Name of husband or wife..... **Joseph** 6. (c) Age of husband or wife if alive..... **68** years

7. Birth date of deceased..... **December 4, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67** **1** **0** .....br. ....min.

9. Birthplace..... **Kirkwood Mo.,**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife,**

11. Industry or business.....

12. Name..... **Andrew Wendgensky,**

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

14. Maiden name..... **do**

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

16. (a) Informant..... **Joseph Becker,**

(b) Address..... **3882 Humphrey,**

17. (a) **burial** (b) Date thereof..... **1/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **SS Peter & Paul**

18. (a) Signature of funeral director..... **Oscar J Hoffmeister**

(b) Address..... **4016 Chipmoss,**

19. (a) **JAN 6 1948** (b) **J.P. Bredak**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **4**  
year..... **1948** hour..... **12** minute..... **30** P.M.

21. I hereby certify that I attended the deceased from..... **Oct. 4,**  
19..... **47,** to..... **Jan. 4,** 19..... **48**  
that I last saw her..... alive on..... **Jan 4,** 19..... **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Carcinomatosis, generalized,**  
**primary site undetermined** **4 mos.**  
Due to..... **chronic myocarditis** **1 yr.**

Other conditions..... **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **None performed**

Of autopsy..... **as above.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **No**

(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)  
Means of injury.....

23. Signature..... (M. D. or other)  
Address..... **607 North Grand Blvd.** Date signed..... **1-6-48**

Duration  
**4 mos.**  
**1 yr.**  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

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. Denny*

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.