No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#80945

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2256
57

FILED JAN 16 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether Memorial 23
In this community
years, months or days)

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. 1536 - California 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM BECKER

3. (b) If veteran, name war

3. (c) Social Security No. 489-12-4235

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased 9 (Month) — 17 (Day) — 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	3	14	hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation

11. Industry or business Floor Finisher

FATHER
12. Name Adolph Becker 0
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Maud Martin
15. Birthplace Pleasant Hill (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Helen Becker
(b) Address 1536 California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4101 - Manchester

19. (a) JAN 5 1948 (Date received from registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12/30/47, 19 to 1/1/48, 19 that I last saw him alive on 1/1/48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Uremia

Due to Chronic glomerulo nephritis

Other conditions Hypertensive Cardiovascular disease with failure

Duration

Major findings:
Of operations
Of autopsy

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) 0

While at work? (e) Means of injury

23. Signature Rose Morton 1515 Lafayette 1/1/48 (Other)

Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Rosa F. Morton

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

JUL 17 19[illegible]

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 J Howard F Rowland

Licensed Embalmer No. 3114

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.