FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 3963

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3363

Primary Registration District No. 3063

Registrar's No. 248

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: ~~Clayton~~ Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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: ST. LOUIS
(c) City or town: University City
(If outside city or town limits, write "RURAL")
(d) Street No.: 7373 Pershing Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: August H. 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: Anna Flannagan Becker
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June 7th, 1883 (Month) (Day) (Year)
8. AGE: Years 64 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.
9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Sheet Metal Worker
11. Industry or business .....
MOTHER FATHER
12. Name: August Becker
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Christina Springmeyer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Anna Becker
(b) Address: 7373 Pershing Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiram Cemetery
18. (a) Signature of funeral director: Stroot - Carroll
(b) Address: 4600 Natural Bridge Ave
19. (a) 1-26-48 (Date received local registrar) (b) Cecil A. Shay MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 25, year 1948 hour 6 minute 50a M.
21. I hereby certify that I attended the deceased from Jan 23, 1948 to Jan 25, 1948 and that I last saw him alive on Jan 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hrs.
Due to:	
Due to: General Arterio Sclerosis	7 yrs
Other conditions (Include pregnancy within 3 months of death): 430	

Major findings:
Of operations .....
Of autopsy: As above.

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: Ralph Russella (M. D. or other)
Address: 3720 Washington Date signed: 1/26/48.

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

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

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 Ben Hoffman

Licensed Embalmer No. 4366

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.