

318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
Park Lane Memorial Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3649 Marine Ave. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Becker  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 9,  
year 1948 hour 10: minute 00 A.M.  
21. I hereby certify that I attended the deceased from June 19,  
1947 to October 9, 1948  
that I last saw him alive on October 9, 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 17 1867  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Myocarditis & Interstitial Chr. nephritis.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy No autopsies.

8. AGE: Years Months Days If less than one day  
81 3 22 hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Missouri

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? \_\_\_\_\_

10. Usual occupation none  
11. Industry or business none  
12. Name ? Becker  
13. Birthplace Europe \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Europe \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob W. Gschwind  
(b) Address 1870 Bauer Rd.  
17. (a) burial (b) Date thereof 10-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sun Set Burial Park  
18. (a) Signature of funeral director Fendler Und. Co.  
(b) Address 7420 Michigan Ave.  
19. (a) OCT 11 1948 (b) J. A. Lester  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature Frederick J. Smith M. D. or other M. D. \_\_\_\_\_  
Address 4930 Lindell Blvd. Date signed 10/11/48

WRITE PLAINLY—USE 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 W E Morris

Licensed Embalmer No. 3360

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.**