

S. No. 300
OM-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37856

State File No. _____

FILED NOV 24 1948

318

Primary Registration District No. _____

1003

Registrar's No. 9899

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:
2000 E. Alice Ave
(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 Life

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. 2000 E. Alice Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Edward Becker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 24 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>19</u>	hr. _____	min. _____

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

10. Usual occupation Grocer

11. Industry or business _____

12. Name Henry Becker

13. Birthplace Prussia Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Heuttemann

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

16. (a) Informant Mrs. Sadie Becker
(b) Address 2000 E. Alice Ave

17. (a) Burial (b) Date thereof 11-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) NOV 15 1948 (b) J. B. Larster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1948 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 1 - 1948
Nov 13, 1948 to _____, 19____

that I last saw him alive on Nov 13 - 48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Chronic myocarditis

Due to Chronic nephritis

Other conditions abdominal ascites
(Include pregnancy within 3 months of death)

Major findings: Nov 12, 1948 PHYSICIAN

Of operations 2 1/2 gal. Fl with blood
Underline the cause to which death should be charged statistically.

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

While at work? no (Specify type of place) (M. B. or other)
(e) Mosaic of injury: none

23. Signature M. F. Hermann (M. B. or other)

Address 2232 E. Grand Date signed 11-15-48

WRITE PLAINLY—USE 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 William G. Bushholz
Licensed Embalmer No. 740
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.