

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13581  
State File No. 3712  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				_____									
c. LENGTH OF STAY (in this place) <b>7 Days</b>				d. STREET ADDRESS (If rural, give location) <b>4128 Dryden Ave</b>				_____									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederickk</b>			b. (Middle) <b>A.</b>			c. (Last) <b>Becker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 1949</b>								
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 8, 1902</b>		9. AGE (In years last birthday) <b>46</b>		# UNDER 1 YEAR Months _____		# UNDER 2 WKS. Days _____		# UNDER 2 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Rate Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash Railway</b>				11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Joseph Becker</b>				13b. MOTHER'S MAIDEN NAME <b>Frances Cervenka</b>				14. NAME OF HUSBAND OR WIFE <b>Eleanor</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eleanor Becker</b>				ADDRESS <b>4128 Dryden Ave</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Duodenal Ulcer &amp; Peritonitis</b> ANTECEDENT CAUSES _____ DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>11/7 5711</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <b>4/16</b> , 19 <b>49</b> , to <b>4/23</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.																	
23a. SIGNATURE <b>David O. Fish M.D.</b>				(Degree or title) _____				23b. ADDRESS <b>634 N. Grand</b>				23c. DATE SIGNED <b>4/25/49</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>April 26, 1949</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>APR 25 1949</b>				REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son, Inc.</b>				ADDRESS <b>2161 E. Fair Ave</b>					

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Glen W. Hobbs*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3737*

P. O. Address \_\_\_\_\_

*St. Louis, Missouri*

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.