

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 788

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>None</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>327 days</u>		d. STREET ADDRESS (If rural, give location) <u>3416 Miami St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Becker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 16, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Mfg.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Becker</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Vogt</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Becker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. <u>497 01 6045</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records</u> ADDRESS <u>Springfield, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>		

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Empyema, right pleural space, mixed type.

DUE TO (c) Broncho-pleuro-cutaneous fistula, post-operative

11. OTHER SIGNIFICANT CONDITIONS	1. Pulmonary tuberculosis, far advanced.	2. Diabetes mellitus.
Conditions contributing to the death but not related to the disease or condition causing death.	Thoracoplasty	

19a. DATE OF OPERATION <u>Dec 26 1950</u> <u>Dec 12, 1950</u>	19b. MAJOR FINDINGS OF OPERATION	1. Tuberculosis, right upper lobe.	2. Same as #1. Lobectomy, right upper lobe.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 20, 1950, to Jan. 13, 1951, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. EISELE M.D.</u> Chief (Degree or title)	23b. ADDRESS <u>VA Hospital Springfield, Missouri</u>	23c. DATE SIGNED <u>Jan. 14, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-15-51</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeizer</u> ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1951

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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. ~~4650~~ .....

Signed James W. Wain .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4650 .....

P. O. Address Springfield, 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.