No. 300
10.48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38690

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9974

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16 PINE LAWN ST. LOUIS, 4161
d. STREET ADDRESS (If rural, give location) 3624 OAKDALE AVE 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) c. (Last) BECKER

4. DATE OF DEATH (Month) NOV, (Day) 7, (Year) 1951

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH APRIL 19, 1866 2
9. AGE (In years last birthday) 85 If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) GERMANY 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HERMAN BECKER
13b. MOTHER'S MAIDEN NAME UNKNOWN BOEDEKER
14. NAME OF HUSBAND OR WIFE MARY BECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MISS CLARA BECKER ADDRESS 3624 OAKDALE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction due to
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ast Sclerotic Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 11-4-, 1951, *to* 11-7-51, 19__, *that I last saw the deceased alive on* 11-7-, 1951, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl J. Kerr M.D. (Degree or title)
23b. ADDRESS Humboldt Bldg. St. Louis Mo.
23c. DATE SIGNED 11-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11
24b. DATE 11/10, 1951
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) ST. LOUIS, (State)

DATE REC'D BY LOCAL REG. NOV 9 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. K.P.
25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL 4600 ADDRESS NATURAL BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

Dec 11 30 am

DEC 11 1951
951

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 Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.