

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29230

AUG 23 1952

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7389

1. PLACE OF DEATH a. COUNTY <p align="center">0</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri,</p>		b. COUNTY <p align="center">2249</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis,</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis,</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Jewish Hospital,</p>		d. STREET ADDRESS (If rural, give location) <p align="center">24 2715 Osage St.,</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Edna</p>		b. (Middle) <p align="center">L.</p>		c. (Last) <p align="center">Becker,</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">July 31, 1952</p>		5. SEX <p align="center">Female,</p>		6. COLOR OR RACE <p align="center">White,</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Single,</p>		8. DATE OF BIRTH <p align="center">June 23, 1894</p>		9. AGE (In years last birthday) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 HR. <input type="checkbox"/> MIN. <p align="center">58</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Clerk,</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Bk. &amp; Tr. Co.stry Mercantile-Commerce</p>		11. BIRTHPLACE (State or foreign country) <p align="center">St. Louis, Mo.</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		13a. FATHER'S NAME <p align="center">Stephen Becker,</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Edna V. Becker,</p>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Ella Urquhart, Ridgeway, Pennsylvania</p>		ADDRESS -----			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of Brain. Rt. Temporal lobe.</u> INTERVAL BETWEEN ONSET AND DEATH <p align="center">6 Mo.</p>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <p align="center">7-30-52</p>		19b. MAJOR FINDINGS OF OPERATION <p align="center">Cystic Tumor Rt. Temporal lobe of brain</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">237X</p>	
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> , to <u>July 31, 1952</u> , that I last saw the deceased alive on <u>July 30, 1952</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">Paul K. Webb M.D.</p>		(Degree or title)		23b. ADDRESS <p align="center">721 Olive St. St. Louis, Mo.</p>	
23c. DATE SIGNED <p align="center">8-1-52</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">8/4/52</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">Old St. Marcus Cemetery,</p>		24d. LOCATION (City, town, or county) (State) <p align="center">St. Louis, Missouri,</p>			
DATE REC'D BY LOCAL REG. <p align="center">AUG 1 1952</p>		REGISTRAR'S SIGNATURE <p align="center">J. Earl Smith M.D.</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</p>	

E.C. (Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe S. Benz*  
Licensed Embalmer No. 4249

Signed.....  
Student Embalmer

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.