

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John 421</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3566 Boswell Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>3566 Boswell Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Becker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 17, 1874</u>		9. AGE (In years last birthday) <u>79</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waterloo, Ill.</u>	

13a. FATHER'S NAME <u>John Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kinder</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Dec.</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>No</u>		16. SOCIAL SECURITY NO. <u>702-12-4187</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beulah M. Heisohn 3566-Boswell Avenue</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of bladder</u> 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 <u>2 days</u> <u>years</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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 4-1-53, 1953, to 4-1-, 1953, that I last saw the deceased alive on 4-1-, 1953, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray W. Weeber, Sr. M.D.</u>		23b. ADDRESS <u>Overland 14 720</u>		23c. DATE SIGNED <u>4-2-53</u>	
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24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Red Bud, Ill. via Motor</u>	
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DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Douche, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stammann Bros. Inc. 2504-Woodson Rd-Overland-11-Mo.</u>	
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(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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oxford 14, 7m

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.