No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1953

State File No. 21207

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
d. STREET ADDRESS (If rural, give location) 5th. & Stafford

0360

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

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Dec. 7, 1891
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Mo Pac. R.R.
11. BIRTHPLACE (City and State or Foreign Country) Etlah, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry John Becker
13b. MOTHER'S MAIDEN NAME Sarah F. Tate
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO. 702-14-4156
17. INFORMANT'S SIGNATURE OR NAME Claude E. Becker, 4106 B. Maryland St. Louis 8, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Vascular disease — Unknown
DUE TO (c) Arteriosclerosis, general — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nepro-sclerosis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
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?

22. I hereby certify that I attended the deceased from 9/2, 1946, to 7/3, 1953, that I last saw the deceased alive on 7/3/53, 19__, and that death occurred at 9:20 A m., from the causes and on the date stated above.

23a. SIGNATURE Michael S. Wyprich, M.D. (Degree or title)
23b. ADDRESS Washington, Mo.
23c. DATE SIGNED 7/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 6, 1953
24c. NAME OF CEMETERY OR CREMATORY Berger, Cemetery
24d. LOCATION (City, town, or county) (State) Berger, Mo.

DATE REC'D BY LOCAL REG. July 3, 1953
REGISTRAR'S SIGNATURE J. C. Herdman
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Vitt, Inc. ADDRESS Washington, Mo. L. H. Vitt

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Ill.

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.