

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 541 Registrar's No. 1577

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution.) a. STATE <u>St. Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton RR2, Zone 24</u>		c. CITY OR TOWN <u>Clayton RR2 Zone 24</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>44 Tealwood</u>	
e. STREET ADDRESS (If rural, give location) <u>44 Tealwood</u>		f. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle)	c. (Last) <u>BECKER,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1954.</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>widowed</u>	8. DATE OF BIRTH <u>May 15, 1864.</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing Contractor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Meinz, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Paul Becker,</u>	13b. MOTHER'S MAIDEN NAME <u>Dorthea Hob.</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Ann Hyman Becker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleste P. Skinner,</u>	ADDRESS <u>44 Tealwood</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION <u>Clayton 24 RR2</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
1. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>	ANTECEDENT CAUSES		3 yrs
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Generalized arteriosclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Dementia</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) <u>331X</u>
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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 - DOA, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Dean Xavier, M.D.</u> (Degree or title)	23b. ADDRESS <u>10 Windsor Place</u>	23c. DATE SIGNED <u>7/5/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/5/54</u>	REGISTRAR'S SIGNATURE <u>Hebeath...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bopp, Inc. - Kirkwood, MO</u>	ADDRESS
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(Licensed Emballer'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.....
Signature of Student Embalmer

Signed.....

J. Allen Davis
405

Licensed Embalmer No.....

P. O. Address.....
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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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.