

No. 300
10.48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42992
Registrar's No. 28225

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold, Missouri R. R.	
c. LENGTH OF STAY (In this place) 2 day		d. STREET ADDRESS (If rural, give location) Arnold, Mo. 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) ANTHONY c. (Last) BECKER			4. DATE OF DEATH (Month) (Day) (Year) Dec 6, 1954			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 5, 1938	9. AGE (In years last birthday) 16	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) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Imperial, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Anthony Becker		13b. MOTHER'S MAIDEN NAME Imelda Hopmeir		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Anthony Becker ADDRESS Imperial, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Cerebral Concussion				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Linear Skull Fracture				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) RURAL - MERLVILLE (COUNTY) St. Louis (STATE) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-5-54 12:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? WAS PASSENGER IN AUTO WHICH COLLIDED WITH ANOTHER AUTO		

22. I hereby certify that I attended the deceased from **12-5**, 1954, to **12-6**, 1954, that I last saw the deceased alive on **12-6**, 1954, and that death occurred at **10:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter C. Koster, M.D.		23b. ADDRESS 601 So. Brentwood		23c. DATE SIGNED 12-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 9, 54		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cem. Arnold, Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 12/9/54		REGISTRAR'S SIGNATURE Herbert R. Amberg		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag ADDRESS Funeral Home Imperial, Mo.	
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(Licensed Embalmer - 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.

Signed Arthur W. Heiligtag

Signed _____
Student Embalmer

Licensed Embalmer No. 3872

P. O. Address Imperial, 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.