

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17549**
Registrar's No. **4046**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital**

STREET ADDRESS (If rural, give location) **13 5229a Bischoff**

3. NAME OF DECEASED (Type or Print)
a. (First) **Bridget (Birdie)** b. (Middle) **May** c. (Last) **Becker**

4. DATE OF DEATH (Month) (Day) (Year)
4 22 56

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **6-29-1882**

9. AGE (In years last birthday) Months Days **73**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Ireland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Thomas Scanlon**

13b. MOTHER'S MAIDEN NAME **Julia Flaherty**

14. NAME OF HUSBAND OR WIFE **Nicholas Becker (Dec'd.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **St. Louis Chronic Hospital**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis**

ANTECEDENT CAUSES DUE TO (b) **Generalized Arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) **334X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 **12/29**, 19 **54**, to **4/22**, 19 **56**, that I last saw the deceased alive on **4/22**, 19 **56**, and that death occurred at **9:55A** m., from the causes and on the date stated above.

23a. SIGNATURE **George M. Janaka, M.D.** (Degree or title)

23b. ADDRESS **5600 Grand**

23c. DATE SIGNED **Apr. 29, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 25, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **APR 24 1956**

REGISTRAR'S SIGNATURE **J. Paul Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshausen 4228 S. Kingshighway Bl.**

G.P. (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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Stoverson*.....

Licensed Embalmer No. *400*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.