

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006885

STATE FILE NUMBER

1501

FILED MAR 2 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If outside, give location) 4344 Tesson St.	

3. NAME OF DECEASED (Type or print) First Middle Last Charles F. Becker			4. DATE OF DEATH Month Day Year 2 10 59		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1885	9. AGE (In years last birthday) 73	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	---	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Helper-Small	10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Henry Becker	13b. MOTHER'S MAIDEN NAME Minnie Alwes	14. NAME OF HUSBAND OR WIFE -----
------------------------------------	---	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 494-01-6072	17. INFORMANT Lena Moon	Address 4344 Tesson St.
---	--	----------------------------	----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infection of lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unk</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Thrombosis of pulmonary artery</i>	
	DUE TO (c) <i>465x</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--

21. I attended the deceased from <i>2-3-59</i> to <i>2-10-59</i> and last saw her/him alive on <i>2-10-59</i> Death occurred at <i>7:15 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

21a. SIGNATURE <i>Jan O. Chapman, M.D.</i> (Degree or title)	22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 2-10-59
---	--------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Feb. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	----------------------------	--	---

24. FUNERAL DIRECTOR Kriegshäuser 4228 S. Kings Highway	ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 12 1959	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>
--	---------	---	--

health, Welfare public service
 300
 57
 6
 596
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

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 *Richard W. Stovessand*

Licensed Embalmer No. *4007*

P. O. Address

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.