

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016108

STATE FILE NUMBER

APR 27 1959

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1044

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN IMPERIAL MO R.R. 1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH		Length of stay in lb 16 DAYS		d. STREET ADDRESS IMPERIAL MC. R.R. 1	
3. NAME OF DECEASED (Type or print) First Middle Last ERNA A. BECKER			4. DATE OF DEATH Month Day Year APR 16 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 4, 1897	9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HELPER FURNITURE CO		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE CO		11. BIRTHPLACE (City and state or country) ST. LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? U. S A		13a. FATHER'S NAME EMIL DIETZ		13b. MOTHER'S MAIDEN NAME EMMA MUELLER	
14. NAME OF HUSBAND OR WIFE LEO BECKER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488 28 3031	
17. INFORMANT LEO BECKER IMPERIAL MO R.R. 1		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>Cerebral arterial sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus 334X</i>		19. WAS AUTOPSY PERFORMED? 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 a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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>1/14/59</i> to <i>4/16/59</i> and last saw ^{her} _{him} alive on <i>4/16/59</i> Death occurred at <i>4:36</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles R. Burnside MD</i>			22b. ADDRESS <i>206 W. Brownwood</i>		22c. DATE SIGNED <i>4/17/59</i>
23a. BURIAL OR CREMATION <i>BURIAL</i>		23b. DATE <i>APR. 18 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LAUREL HILL CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO</i>
24. FUNERAL DIRECTOR <i>HEILIGTAG</i>		ADDRESS <i>IMPERIAL MO</i>		25. DATE RECD. BY LOCAL REG. <i>4-18-59</i>	
26. REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>					

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.