URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9962 -60-039522 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Anthony's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Affton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7115 Hosmer Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle P. Last BECKER
4. DATE OF DEATH: Month 10 Day 13 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-29-1885
9. AGE (last birthday): 74 Yrs
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager
10b. KIND OF BUSINESS OR INDUSTRY: Prudential Ins Co
11. BIRTHPLACE (City and state or country): Wheeling W.Va
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward P.Becker
13b. MOTHER'S MAIDEN NAME: Anna Schnitker
14. NAME OF HUSBAND OR WIFE: Bertha A.Becker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-10-9274
17. INFORMANT: Bertha Becker Address: 7115 Hosmer Ave.Affto

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cirhosis of Liver	1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	3 yrs
DUE TO (c)	Arteriosclerosis	3 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 422.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1944 to 10/13/60 and last saw her/him alive on 10/12/60
Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert P Smith (Degree or title) M.D.
22b. ADDRESS: 5203 Chippewa St
22c. DATE SIGNED: 10/14/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-15-1960
23c. NAME OF CEMETERY OR CREMATORY: Mt.Olive Cemetery
23d. LOCATION (City, town, or county): Lemay Mo (State): Mo
24. FUNERAL DIRECTOR: Ziegenhein Brothers ADDRESS: 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG.: OCT 14 1960
26. REGISTRAR'S SIGNATURE: Noal Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ivan M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis M

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