

AMENDED **F** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3634** STATE FILE NUMBER

LED APR 24 1961

1. PLACE OF DEATH
 a. COUNTY Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **81 Yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Anthony's Hosp** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5006 Winona Ave** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5006 Winona Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ANNA F. BECKER **4-14-1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-17-1979** 9. AGE (last birthday) **81 Yrs** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Feder** 13b. MOTHER'S MAIDEN NAME **Barbara Mathews** 14. NAME OF HUSBAND OR WIFE **Earl F. Becker 4207 Hereford St**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 PART I. IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **2 yrs**
 (b) **Generalized Arteriosclerosis** **Unknown**
 (c) **420.0**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Empyema of Gall bladder.** 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 **Aug 1960** to **4-14-61** and last saw her **him** alive on **4-13-61**
 Death occurred at **6 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Raymond T. Martin MD** 22b. ADDRESS **5203 Chippewa St.** 22c. DATE SIGNED **4-17-61**
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-18-1961** 23c. NAME OF CEMETERY OR CREMATORY **St. Peter and Paul** 23d. LOCATION (City, town, or county) (State) **7030 Gravois Ave Mo**
 24. FUNERAL DIRECTOR ADDRESS **Ziegenhein Brothers 6409 Gravois Av** 25. DATE RECD. BY LOCAL REG. **APR 17 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Robert J. Gouge
 Licensed Embalmer No. 4800
 P. O. Address Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.