

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital No. 1**)

File No. **8185**

Registered No. **1634**

**8185  
1634**

**B. 15531 Edward Becker**

**2. FULL NAME**

(a) Residence, No. **3737 Laclede** St. **19** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ruby Becker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 19, 1900**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>36</b>		<b>9</b>	<b>16</b>	

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. **laborer, common**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

13. NAME **Felix Becker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Louisa Huff**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Holland**

17. INFORMANT (ADDRESS) **Hosp. Info. M.H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus Cem. Feb. 8, 1937**

19. UNDERTAKER (ADDRESS) **2201 So. Grand Blvd.**

20. FILED **5-1937** **J. Baedek** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/5/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1/26/37** to **2/5/37**, 19

I last saw **him** alive on **2/5/37**, 19. Death is said to have occurred on the date stated above, at **2.15 p.m.**

The principal cause of death and related causes of importance were as follows:

**Septicemia**  
**cause unknown**

**acute bacterial endocarditis** **cause unknown**

Other contributory causes of importance: **9/12**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **Beckhold** M. D.  
(Address) **City Hospital No. 1**

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

