WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18040

1. PLACE OF DEATH

County .... Registration District No. 707 File No. 4239

Township .... Primary Registration District No. 1003 Registered No. 4239

City St Louis (No. 5103 Rosa Ave St. .... Ward)

2. FULL NAME Lulu Becker

(a) Residence, No. 5103 Rosa St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10 - 1878

7. AGE: Years 55, Months 4, Days 1. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

10. Date deceased last worked at this occupation (month and year) 1 week

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Henry Bleitner

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

MOTHER

15. MAIDEN NAME Wilhelmine Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Becker
(ADDRESS) 5103 Rosa Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B Pk DATE May 13 - 33 19..

19. UNDERTAKER Henry L Weidenmueller
(ADDRESS) 6203 Gravois Ave

20. FILED May 12 1933 19... X. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1933 to 5/7, 1933

I last saw her alive on 5/7, 1933 Death is said to have occurred on the date stated above, at 12:30 A m.

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

Bronchial Asthma

Other contributory causes of importance:

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

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

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) ...., M. D.

(Address) ....

Lulu *Bleitner* Becker

Birth: Jan. 10, 1878
Missouri, USA
Death: 1933
St. Louis City
Missouri, USA

Added by: frankseyffardt

Family links:
Spouse:
John Becker (1873 - 1964)

Burial:
Sunset Memorial Park and Mausoleum
Affton
St. Louis County
Missouri, USA
Plot: Section 5

Edit Virtual Cemetery info [?]

Cemetery Photo

Created by: frankseyffardt
Record added: Jun 02, 2014
Find A Grave Memorial# 130763623