

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF CALIFORNIA**  
**DEPARTMENT OF HEALTH SERVICES**

**B260 43 056750**

DISTRICT No. 1160 REGISTRAR'S No. 245

FULL NAME **DAVID BEALS BECKER**

PLACE OF DEATH: (A) COUNTY Los Angeles  
 (B) CITY OR TOWN San Antonio Rural  
 (C) NAME OF HOSPITAL OR INSTITUTION 2661 Grand Ave.  
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
 IN HOSPITAL OR INSTITUTION \_\_\_\_\_  
 IN THIS COMMUNITY 8 mos. IN CALIFORNIA 24 yrs.

3. (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. \_\_\_\_\_ YEARS

3. (F) SOCIAL SECURITY NO. 553-03-6646

21. MEDICAL CERTIFICATE  
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 1/2/43 19\_\_\_\_ TO 8-16-43 19\_\_\_\_ THAT I LAST SAW HIM im ALIVE ON 8-15-43 19\_\_\_\_ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE  
 I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FROM SUCH ACTION THAT DECEASED CAME TO HIS DEATH ON THE DATE AND HOUR STATED ABOVE.

7. BIRTHDATE OF DECEASED July 5 1886  
 MONTH DAY YEAR

8. AGE 57 YRS 1 MOS 11 DAYS \_\_\_\_\_ HRS \_\_\_\_\_ MIN

9. BIRTHPLACE Eldorado, Kansas

10. USUAL OCCUPATION Saw operator

11. INDUSTRY OR BUSINESS Aircraft Factory

12. NAME John C. Becker

13. BIRTHPLACE Gettysburg, Penna

14. MAIDEN NAME Angie Reyburn

15. BIRTHPLACE Bloomington, Ill.

6. (A) INFORMANT Mrs. John B. Huston  
 (B) ADDRESS 2661 Grand Ave. Huntington Park, Cal.

7. (A) Entombment (B) DATE August 19, 1943  
 BURIAL, CREMATION OR REMOVAL

8. (A) PLACE Inglewood Park Mausoleum  
 (B) ADDRESS \_\_\_\_\_

8. (A) EMBALMER'S SIGNATURE Roy E. Klinker LICENSE No. 1240  
 (B) FUNERAL DIRECTOR Roy E. Klinker  
 ADDRESS Huntington Park, Calif.  
 BY W. C. ...

9. (A) AUG 18 1943 (B) \_\_\_\_\_  
 DATE FILED

24. CORONER'S OR PHYSICIAN'S SIGNATURE (SPECIFY WHICH) [Signature]  
 ADDRESS 7023 ...

IMMEDIATE CAUSE OF DEATH: Uremia & Toxemia and pyelonephritis, bilateral  
 DUE TO: Obstruction to ureters known  
 DUE TO: Invasive carcinoma of the Urinary bladder; known for 7 mo. Extension of tumor to prostate & Peri-vesical region  
 MAJOR FINDINGS: OF OPERATIONS: carcinoma of bladder  
 DATE OF OPERATION: 2-10-43  
 OF AUTOPSY: 7 mos

DURATION: 4 day  
7 mo.  
7 mo.

PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 (A) ACCIDENT, SUICIDE, OR HOMICIDE. (B) DATE OF INJURY \_\_\_\_\_  
 (C) WHERE DID INJURY OCCUR? CITY OR TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
 (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR PUBLIC PLACE? SPECIFY TYPE OF PLACE \_\_\_\_\_ WHILE AT WORK? \_\_\_\_\_  
 (E) MEANS OF INJURY \_\_\_\_\_

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** 8/16/43 U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

421510



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.  
 S. Kimberly Belshé, Director and State Registrar of Vital Records by:  
Peter Abbott  
 GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF ACTING STATE REGISTRAR

98 JAN -5 AM 11:01

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE