

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

18 23 1933

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.

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1. PLACE OF DEATH
County Ruchanan Registration District No. 85
Township St. Joseph, Primary Registration District No. 1001
City St. Joseph, (No. 2210 Charles)
St. _____ Ward _____

File No. _____
Registered No. 107

2. FULL NAME Anna Hoecker,
(a) Residence, No. 2210 Charles St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Hoecker,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1850,</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>82</u>	<u>7</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home,</u>			
	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) <u>Rhinefels, Bavaria, Germany,</u>				
FATHER	13. NAME <u>Peter Kuhn,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany,</u>			
MOTHER	15. MAIDEN NAME <u>Unknown,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany,</u>			
17. INFORMANT <u>Haller H. Hoecker</u> (ADDRESS) <u>Industrial City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cem.</u> DATE <u>Jan. 23, 1933</u>				
19. UNDERTAKER <u>Heaton-Bigelow-Burton</u> (ADDRESS) <u>319 S. 10th. St. Funeral Home</u>				
20. FIC <u>JAN 23 1933</u> <u>John L. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 20, 1933</u> <u>January 20 U. S.</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>16 January 1933</u> to <u>20 January 1933</u> I last saw her alive on <u>20th January 1933</u> Death is said to have occurred on the date stated above, at <u>9:30 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho Pneumonia</u> <u>Senility</u> Date of onset <u>I-16</u>	
Other contributory causes of importance: <u>Senility</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury _____, 19____ Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u> (Signed) <u>Est. Strain</u> , M. D. (Address) <u>St. Joseph, Mo.</u>	

OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

INVESTIGATION DIVISION

MEMORANDUM

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

RE: [Illegible]

NY 100-100000

DATE: 1/15/50

BY: [Illegible]

SUBJECT: [Illegible]

Reference is made to [Illegible]

Very Respectfully,
[Illegible]

Special Agent in Charge

[Illegible]