

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

Do not use this space.

MAY 13 1935

14739

## 1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No.....

City.....

(No. *Seaconess Hospital*)

St.....

Ward.....

File No.....

Registered No. 3576

2. FULL NAME *Anna Becker*(a) Residence, No. *7311 Lehmeyer* St., *N.R.* 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

*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

*Nicholas Becker*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*July 4 - 1873*

7. AGE

YEARS *61*MONTHS *9*DAYS *14*

IF LESS THAN 1 day, .....hrs. or .....min.

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Mary's Paul* DATE *April 27 1935*

19. UNDERTAKER (ADDRESS)

20. FILED *APR 20 1935*Registrar. *J. W. Bredeck*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 18 1935*22. I HEREBY CERTIFY, That I attended deceased from *about Feb 1 1935* to *April 18 1935*I last saw her alive on *April 18 1935* Death is said to have occurred on the date stated above, at *10:47 a.m.*

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

*Chronic Myocarditis & Chronic Interstitial Nephritis*

Other contributory causes of importance:

*Carcinoma of the Cervix*

Date of onset

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) *Grace Smith*, M. D.(Address) *3624 S. Broadway*

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.

V. S. NO. 7 10-11-24-25

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