

JUL 8 1939

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

22445  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423  
(b) Township Rock Primary Registration District No. 5578  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Becker

(a) Residence, No. Kimmswick, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Frank Becker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/20/1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as 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) Kimmswick, Mo.

FATHER 13. NAME Frank Hook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Co. Mo.

MOTHER 15. MAIDEN NAME Rocine Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Co. Mo.

17. INFORMANT (ADDRESS) Frank Becker  
Kimmswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lukes Cem. DATE 6/22/39

19. FUNERAL DIRECTOR (ADDRESS) Kenneth W. Koch  
Fenton, Mo.

20. FILED June 22, 1939 Phil J. Cook  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/39

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1939, to 6-20 1939.  
I last saw him alive on 6-19-39 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Date of onset 9/4/38

Other contributory causes of importance:  
Chylosteatorrhea  
Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) O. Koch M.D., M. D.  
Kimmswick, Mo. (Address)

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.

30M-7-20-37 I X12904

STATEMENT BY LICENSED EMBALMER

I, Kenneth W. Koch, Licensed Embalmer No. 3047

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Kenneth W. Koch

Licensed Embalmer No. 3047

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**