

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19723

FILED JUN 19-1951

State File No. ....  
Registrar's No. 159

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

**I. PLACE OF DEATH**  
 a. COUNTY COLE  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.  
 c. LENGTH OF STAY (in this place) 9 DAYS  
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY COLE  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY,  
 d. STREET ADDRESS (If rural, give location) ST. JOSEPH HOME OF THE AGED

**3. NAME OF DECEASED**  
 a. (First) ANNA b. (Middle) \_\_\_\_\_ c. (Last) BECKER  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
JUNE 11, 1951

**5. SEX** FEMALE **6. COLOR OR RACE** WHITE  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED

**8. DATE OF BIRTH** JUNE 6, 1884  
**9. AGE** (In years) (Months) (Days) (Hours) (Min.)  
67 0 5

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSEWIFE  
**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_

**11. BIRTHPLACE** (State or foreign country) ST. LOUIS, MO. D  
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** BERNARD GILBERS **13b. MOTHER'S MAIDEN NAME** GERTRUDE KUESTERSTIFEN **14. NAME OF HUSBAND OR WIFE** P. B. BECKER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) NO  
**16. SOCIAL SECURITY NO.** NONE **17. INFORMANT'S SIGNATURE OR NAME** Vincent Becker **ADDRESS** J.C. MO.

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Myocardial Failure  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Atherosclerotic Heart Disease  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.  
Diabetes Mellitus

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** 6-2, 1951, to 6-11, 1951, that I last saw the deceased alive on 6-11, 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) R. P. Davis M.D. **23b. ADDRESS** JEFFERSON CITY, MO. **23c. DATE SIGNED** 6/13/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **24b. DATE** JUNE 14, 1951 **24c. NAME OF CEMETERY OR CREMATORY** RESURRECTION **24d. LOCATION** (City, town, or county) (State) JEFFERSON CITY, MO.

**DATE REC'D BY LOCAL REG.** June 15-1951 **REGISTRAR'S SIGNATURE** R. P. Davis M.D. - N.R. **25. FUNERAL DIRECTOR'S SIGNATURE** Sylvester Smith **ADDRESS.** J. C. MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 6-18-51

**DISTRICT HEALTH OFFICE No. 3**

District File Number \_\_\_\_\_

Date Filed 6-18-51 \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City Mo

**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.)

If this body is not embalmed, fact should be so stated above.