

SEP 12 1938

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

27141
Do not use this space
7155

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City ST. LOUIS MO. (d) Street No. ST. JOHN'S HOSPITAL 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. 1712 A NEBRASKA AVE. St. 23 (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 BERNARD BECKER.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 1 - 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 - 10
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
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) MISSOURI

FATHER 13. NAME NICHOLAS WYTHE

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

MOTHER 15. MAIDEN NAME ANNA WALSH.

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

17. INFORMANT (ADDRESS) BERNARD BECKER, 1712 A NEBRASKA.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM., AUG 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurr, 3125 Lafayette av

20. FILED AUG 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Aug 10 1938
I last saw her alive on Aug 10 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of stomach with spread to aorta, pancreas, entire axis and transverse colon - and to liver
Other contributory causes of importance: Undernourished
Date of onset

Name of operation Gastrostomy Date of 6/27/38
What test confirmed diagnosis? X Ray Was there an autopsy? No

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? No
If so, specify
(Signed) R. M. S. Jewett, M. D.
(Address) 607 No. Grand

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.

STATEMENT BY LICENSED EMBALMER

I, Jose B. Kollmer, Licensed Embalmer No. 4014

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Jose B. Kollmer
Licensed Embalmer No. 4014

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.)