

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

Do not use this space.

29030

1. PLACE OF DEATH

39 County Cass Registration District No. 318
3 Township Campbell Primary Registration District No. St. Louis
5 City Springfield No. Sherman St. & Tusco St. 642 Ward

2. FULL NAME

(a) Residence, No. Edis De Reko De Treko St. St. Louis No. 909 Watten Ave
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jean De Reko De Treko</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>8</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Actress</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shows 192</u>	
	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>Alexandria, Egypt</u>	
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Jean De Reko De Treko</u> (ADDRESS) <u>St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Louis Mo.</u> DATE <u>Sep 14, 1932</u>		
19. UNDERTAKER <u>J. W. Wagner & Co.</u> (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>9-14-32</u> Registrar <u>[Signature]</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-13-1932 to 9-13-1932
I last saw h. a. alive on 9-13-1932 (5AM) Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Epileptic Convulsion Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? no 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.

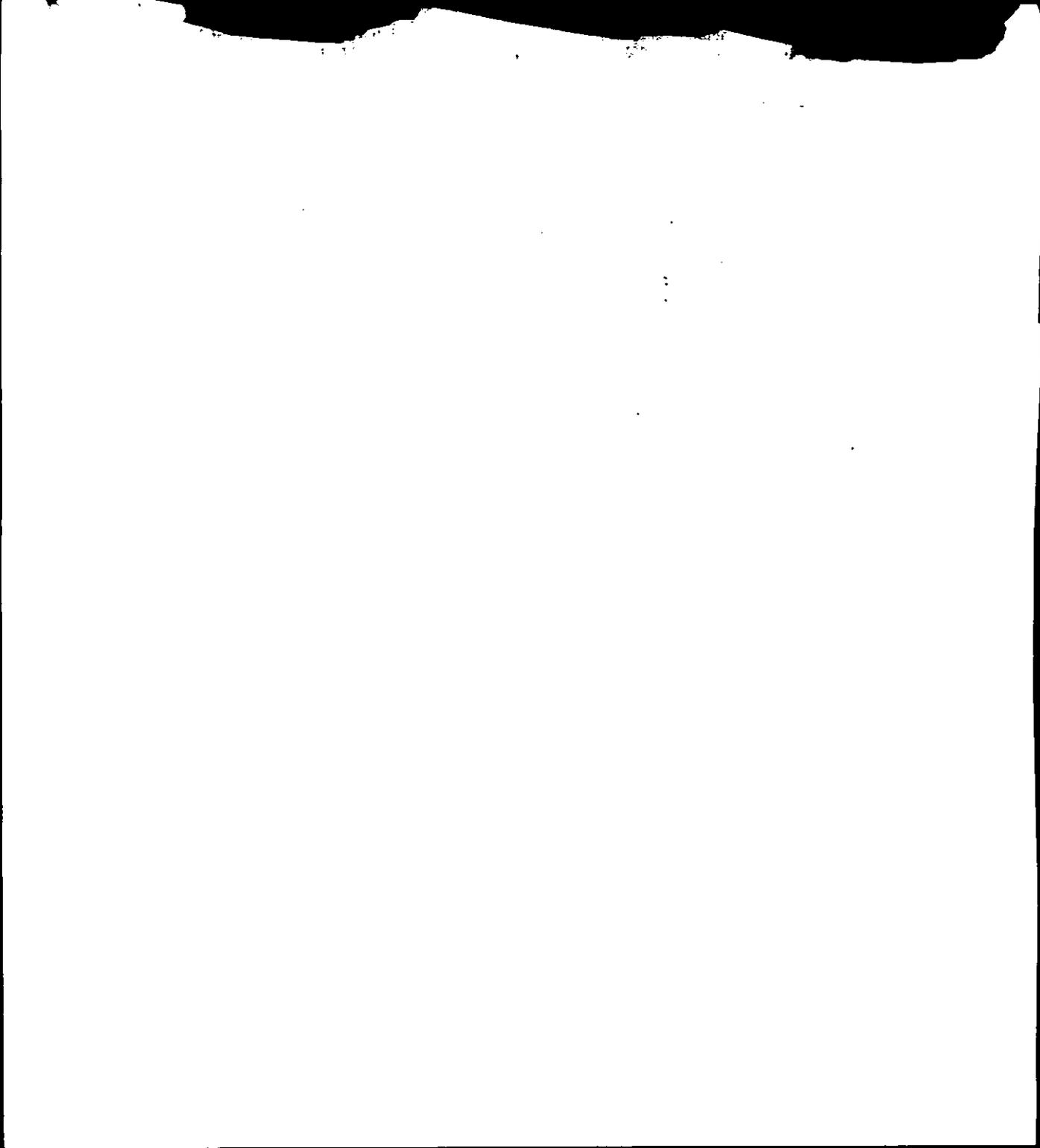
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) [Signature], M. D.
(Address) Springfield Mo

This should be stated in the statement of OCCUPATION is very important.

OCT 26 1932



Castle-Ehrlich-Mirsch Shows, Inc.

(FORMERLY OPERATED AS MORRIS & CASTLE SHOWS)

General Offices -- Shreveport, Louisiana

En Route-October 4, 1932.

Bureau of Vital Statistics
Jefferson City, Mo.

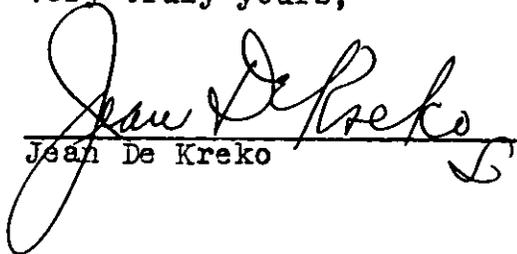
Gentlemen:-

I am returning herewith the two certified copies of the death certificates of Saida De Kreko and will thank you to send me corrected copies in the name of Saida De Kreko instead of De Reko, as you have it.

That you have the original request from me spelled properly, I am attaching the envelope in which you mailed these to me.

Stamped and addressed envelope also attached so that these will reach me promptly.

Very truly yours,


Jean De Kreko

RECEIVED
OCT 6 - 1932
THE STATE BOARD OF HEALTH
OF MISSOURI

S-29030