

No. 2  
4-13-40  
5-17-39  
P1 X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13006  
Registrar's No. 3436

Registration District No. 791

Primary Registration District No. 1003

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3511 Humphrey St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 66 years  
years, months or days

3. (a) PRINT FULL NAME Louise Recker  
3. (b) If veteran, name war ---  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife Henry Recker  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased October 29, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fayetteville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Peiffer  
(b) Address 3511a Humphrey St.

17. (a) Burial (b) Date thereof 4/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) APR 22 1941 (b) J. F. Budrop  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 1716  
(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3511 Humphrey St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19  
year 1941 hour 10 minute 15 p.m.  
21. I hereby certify that I attended the deceased from February 7<sup>th</sup>  
1941 to April 19<sup>th</sup> 1941  
that I last saw her alive on April 19<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 months  
Due to arterio sclerosis Indefinite  
Due to age Indefinite  
Other conditions None none  
(Include pregnancy within 3 months of death)

Major findings: Of operations ---  
Of autopsy none  
PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.A. Fries (M. D. or other) ---  
Address 1544 S. Broadway Date signed 4/21-41

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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.....

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

Signed..... *Frank J. Dyland*.....  
Licensed Embalmer No..... *2645*.....  
P. O. Address..... *St Louis 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.