

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

Do not use this space.

35124

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 2118 Mullanphy)

File No. ....  
Registered No. 10281  
St. .... Ward)

**2. FULL NAME**

Louise Reckman Baute  
(a) Residence. No. 2118 Mullanphy 20 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Baute

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 22 - 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER Karl Reckman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Mrs Lee B Carr  
(Address) Melbourne Hotel

15. NOV 17 1927  
FILED Man G Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 13, 1927 that I last saw him alive on Nov 15, 1927, and that death occurred, on the date stated above, at 3:15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Older Pneumonia  
108  
142 1010  
(duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Senility  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? ..

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WHAT TEST CONFIRMED DIAGNOSIS? ..

(Signed) Augusta Yella M. D.  
11/16 1927 (Address) 3525 Casual St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter's Cem DATE OF BURIAL Nov 17 1927

20. UNDERTAKER Allen Liles ADDRESS 2707 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.

