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

Do not use this space.
38963

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 11785

City St. Louis (No. 4433 Bessie Ave. St. ..... Ward)

2. FULL NAME Mary Reiker

(a) Residence. No. 4433 Bessie Ave. St., ... Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Reiker (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 80				

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) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Klos Homeny

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

12. MAIDEN NAME OF MOTHER Kot Klowy

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

14. INFORMANT Mrs. Matilda Gilbert
(Address) 4433 Bessie Ave

15. FILED DEC 31 1927, 19..... Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 29, 1927 that I last saw her alive on Dec 29, 1927, and that death occurred, on the date stated above, at 9.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
124B Non alcoholic
131 (duration) 1 yrs. ..... mos. 29 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 1 yrs. ..... mos. 29 ds.

18. WHERE WAS DISEASE CONTRACTED? 131
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Joseph Gill, M. D.
Dec 3, 1927 (Address) 3638 Hebert 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 Friedens — DATE OF BURIAL Jan. 1 1928

20. UNDERTAKER Walt. Hermann & Son — ADDRESS 4108 W. West Florissant Ave.

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.