

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **St. Anthony Hosp**) Registered No. **28693**
 Ward **8158**

2. FULL NAME

Margaret L. Rechter
 (a) Residence. No. **1414 Carroll** St. **23** Ward. (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 **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 **J. Henry Rechter**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 17-1863**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 5 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **House work**
 (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) **Lincoln Co. Mo.**

10. NAME OF FATHER **Anton Hannebrink**

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

12. MAIDEN NAME OF MOTHER **May Hobbelma**

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

14. INFORMANT (Address) **L. Henry Rechter 1414 Carroll St.**

15. FILED **Aug 10 1928** REGISTRAR **My C. Starkey**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 9 1928**
 17. I HEREBY CERTIFY That I attended deceased from **July 18**, 19**28**, to **Aug 9**, 19**28** that I last saw **h.** alive on **Aug 27**, 19**28**, and that death occurred, on the date stated above, at **2:47 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac dilatation
48
950
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **Carcinoma of Cervix** (duration) **unknown**

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? **unknown**
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF **no**
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS? **no**
 (Signed) **E. B. DePuy**, M. D.
 , 19 (Address) **520 Finck Rd.**

*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 **L. St. Peter & Paul** DATE OF BURIAL **Aug 13 1928**

20. UNDERTAKER **Bromschwig and Co** ADDRESS **4740 W. Florissant**

WRITE FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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