

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

Do not use this space.

17472

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10183
 City St. Louis (No. 3226⁴ Barrett)

File No.....
 Registered No. 4376
 St..... Ward.....

2. FULL NAME

Minna Recker
 (a) Residence, No. 3226⁴ Barrett St. 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1848</u>		
7. AGE <u>83</u>	YEARS	MONTHS <u>10</u> DAYS <u>00</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
11. Total time (years) spent in this occupation.....		<u>11 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	13. NAME <u>Aberhardt Diecker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown Sudhoff</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>H. E. Recker</u> (ADDRESS) <u>3226⁴ Barrett</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredens</u> DATE <u>May 7</u> 19 <u>32</u>		
19. UNDERTAKER <u>Arthur L. ...</u> (ADDRESS) <u>2702 ...</u>		
20. FILED <u>1932</u> Registrar <u>...</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29th 1932, to May 4 1932
 I last saw him alive on May 4 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chloris myocarditis
Bronchitis acute
 Date of onset 3 days

Other contributory causes of importance:
fatigue 6 days

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) Arthur L. ... M. D.
 (Address) 2202 University St

WRITE PLAINLY, 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.

MARGIN RESERVED FOR BINDING

V. 50 NO. 2

