SEP 25 1934

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

Do not use this space.

30690

1. PLACE OF DEATH

County ..... Registration District No. 790 ..... File No. .....

Township ..... Primary Registration District No. 60330 ..... Registered No. 276

City St. Louis (No. St. Louis County Hospital, ... Ward)

2. FULL NAME Mary Recker

(a) Residence, No. 1071 Gerard Drive 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: 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 Recker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1880

7. AGE: Years 54 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry Recker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry Recker 1071 Gerard Drive

18. BURIAL, CREMATION, OR REMOVAL: PLACE Calvary DATE Aug. 18, 1934

19. UNDERTAKER (ADDRESS): J. J. Lynch 1315 N. Grand Blvd.

20. FILED 8-17, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1934, to 8-16, 1934. I last saw her alive on 8-15, 1934. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
General carcinomatosis (abdominal)	

Other contributory causes of importance:

Hepatic insufficiency and partial obstruction

Name of operation: Exploratory. Date of: 8-14-34

What test confirmed diagnosis? Path. exam. Was there an autopsy? No

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 ..... Cause of death .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) Missouri Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

#2 St Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
276

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Recker
Who died at St Louis Co. Hosp. on 8-16-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, ~~married~~, widowed ~~or divorced~~: _____

Date of birth _____ Age: Years 54 Months 6 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Intestinal obstruction.
Birthplace of father (State or country) General carcinomatosis
Birthplace of mother (State or country) Abdominal (Gastric)
Principal cause of death: Gastric Ca probably primary

Other contributory causes of importance _____
Name of operation Laparotomy Date of Aug 11, 1934
What test confirmed diagnosis? Operation Was there an autopsy? No
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Thos M Bailey
Address of physician Missouri Bldg
Signature of Registrar Robert J Ambrister Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033a

Very truly yours,
E. T. McGaugh
State Registrar

Special Agent.

S-30690

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