

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. LOUIS CHILDREN'S HOSPITAL 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 1/2 hours  
(Specify whether years, months or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2524<sup>th</sup> West Dodier  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NORMA CLARE RECKAMP

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 18 33  
(Month) (Day) (Year)

8. AGE: Years 7 Months 4 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child -

11. Industry or business \_\_\_\_\_

12. Name Norman Reckamp

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Herzog

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Jones  
(b) Address 500 S. Kingshighway

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labrum Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) NOV 12 1940 (b) \_\_\_\_\_  
(Date received local registrar) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day eleventh  
year 1940 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from November 18, 1940, to Nov. 11<sup>th</sup>, 1940

that I last saw her alive on November 11<sup>th</sup>, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute hemorrhagic

Due to glomerulonephritis 3 wks

probably caused by

Due to strep sore throat

non diphtheritic.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. W. Reckamp (M. D. or other) \_\_\_\_\_

Address St. Louis, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*B W Funn*

Licensed Embalmer No.

*1591*

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**