

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 23 1942 318

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29122

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7678

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 4 years  
years, months or days)

3. (a) PRINT FULL NAME Anna Wilhelmina Reck

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / race White 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christian G. Reck 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 19, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 24 ..hr. ....min.

9. Birthplace Washington County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

12. Name Heinrich Stipp

13. Birthplace France 5  
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Wilhelmina Broker

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Budde,  
(b) Address 7579 Dale Ave.

17. (a) Burial (b) Date thereof Sept. 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher  
(b) Address 4854 Natural Bridge.

19. (a) SEP 15 1942 (b) J. F. Broderick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7579 W. Dale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1942 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 21 1942 to Sept 13 1942  
that I last saw him alive on Sept 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis  
Due to Senility  
Due to 1942  
Other conditions (Include pregnancy within 5 months of death) 1942

Major findings: Of operations .....  
Of autopsy .....  
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) .....  
Means of injury .....  
23. Signature O. E. Williamson (M. D. or other) .....  
Address 6336 Clayton Road Date signed 9/13/42

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

MOTHER FATHER

**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.....

John A. Melissar....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. Melissar  
Licensed Embalmer No. 4186  
P. O. Address St. Louis, Mo.

**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, fact should be so stated above.**