. S. No. 2
0M—2-43
5-17-39
I X35607

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19955

FILED JUN 30 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5615

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:
1500 E. Grand Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 9

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 E. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Ellen Recker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Gerhard Recker

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 27 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	22	hr. min.

9. Birthplace Bridgeport, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Rittmann 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Durbin
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Harbaugh

(b) Address 1500 E. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Sood

(b) Address 2117 E. Grand Blvd.

19. (a) JUN 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1943 to June 19, 1943
that I last saw her alive on June 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis

Due to 93h

Due to

Other conditions Chronic Myocarditis
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H A Uhlemeyer (M. D. or other) M.D.

Address 1511 E Grand Date signed 6-19-43

844 (Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.