S. No. 300
v. 10.48

FILED OCT 26 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36004

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3460

**1. PLACE OF DEATH**
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors
c. LENGTH OF STAY (In this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1425 Shepley Drive, 15

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors
d. STREET ADDRESS (If rural, give location): 1425 Shepley Drive, 15.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Amelia
b. (Middle):
c. (Last): Recker

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 19th, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 4th, 1875
**9. AGE** (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George Dierker
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Prigge
**14. NAME OF HUSBAND OR WIFE**: Diedrich Recker

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Lillian Struss
ADDRESS: 1425 Shepley Dr.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
4200
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Oct 19, 1951, *that I last saw the deceased alive on* Oct 17, 1951, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): William O. Campbell M.D.
**23b. ADDRESS**: 4161 Lindell Blvd
**23c. DATE SIGNED**: 10/19/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10/22/51
**24c. NAME OF CEMETERY OR CREMATORY**: Friedens Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Missouri

DATE REC'D BY LOCAL REG.: 10-19-51
REGISTRAR'S SIGNATURE: Robert R. Sonke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer — Statement on Reverse Side)

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

4000

Dr. William Knight Jr.
4161 Lindell
Between 1:30 & 2:00 PM
Friday
CE. 0979

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John A. Milner

Signed.....
Student Embalmer

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.**