

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6749**

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 517					
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 25 YEARS		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION OAKLAND PARK Hosp.				e. STREET ADDRESS (If rural, give location) 1027 E. Essex							
3. NAME OF DECEASED (Type or Print) a. (First) Vilma			b. (Middle)		c. (Last) Recker		4. DATE OF DEATH (Month) (Day) (Year) 2-27-55				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6-19-1905		9. AGE (In years last birthday) 49			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Wm G Recker			13b. MOTHER'S MAIDEN NAME MINNIE Meier			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Minnie Recker			ADDRESS 535 Crescent Dr			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage				1 month			
				ANTECEDENT CAUSES				DUE TO (b) _____			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Schizophrenia, Catatonic				Conditions contributing to the death but not related to the disease or condition causing death.				over 25 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan 1 1947 , to Feb 27 1955 , that I last saw the deceased alive on Feb 26 1955 , and that death occurred at 8:45A.m. , from the causes and on the date stated above.											
23a. SIGNATURE Levier Littmann M.D. (Degree or title)				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 2/28/55					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-1-55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo					
DATE REC'D BY LOCAL REG. 3/1/55		REGISTRAR'S SIGNATURE Hebeal R. Sombert		25. FUNERAL DIRECTOR'S SIGNATURE Wm. G. Recker		ADDRESS 2707 N. Grand					

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

✓ 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.