

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 14 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Firmin Desloge Hospital**)

45024  
File No.....  
Registered No. **12178**  
St. .... Ward)

2. FULL NAME **Alvin Reckert**

(a) Residence, No. **4333 Strodtman Place** St., **9** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Catherine Reckert</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 7 1902</b>				
7. AGE	YEARS <b>32</b>	MONTHS <b>8</b>	DAYS <b>15</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Truck Driver</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Lumber</b>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation..... <b>9 1/2</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Staunton, Ill</b>				
FATHER	13. NAME <b>John Reckert</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Minnie Golla</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT (ADDRESS) <b>Catherine Reckert, 4333 Strodtman Place</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bethany Cemetery</b> DATE <b>Dec 26, 1934</b>				
19. UNDERTAKER (ADDRESS) <b>Weidenrieder Funeral Home, Inc, 1936 St. Louis Ave</b>				
20. FILED <b>EC 21 1935</b> <b>J. J. Bredbeck</b> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 22, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 1933** to **Dec. 19**, 1934  
I last saw him alive on **Dec. 22**, 1934. Death is said to have occurred on the date stated above, at **12:45 P M**  
The principal cause of death and related causes of importance were as follows:  
**Dilatation of heart, Myocarditis, acute, 3 wks. ago, Infarcts of kidneys & spleen, occurring 1 wks. ago from this date.**  
Other contributory causes of importance: **Fracture of left leg and contusion of vessels of left leg old (3 yrs), Pleasantry of ribs and crushing injury to chest, old (3 yrs).**  
Name of operation..... Date of.....  
What test confirmed diagnosis? **X-ray** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury **Feb. 6, 1921**  
Where did injury occur? **White drainage tank St. Ann, Mo**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
**Occurred in industry.**  
Manner of injury **Fell on lumber**  
Nature of injury **Fracture of left ankle and crushing injury to chest**

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
If so, specify **Patient was injured while at work and his name was added to return of work**  
(Signed) **J. J. Bredbeck**, M. D.  
(Address) **4601 Olive St.**

