

REC'D FEB 10 1939

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

419

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1008 Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 1006 ILLIE AVE St. 419
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 79 yrs. 7 mos. 19 ds. (f) How long in U. S., if of foreign birth? 79 yrs. 7 mos. 19 ds.

2. PRINT FULL NAME

(a) Residence, No. 1006 ILLIE AVE St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH RECKAMP

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1860

7. AGE YEARS 78 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as law mill, bank, etc. CABINET MAKER
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER 13. NAME HENRY RECKAMP

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME GERTRAUDE VENNEMAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT THEODORE RECKAMP
(ADDRESS) 1006 ILLIE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JAN. 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) WIEDRICH F. HOME 8314 HALLS FERRY

20. FILED JAN 13 1939 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from

1934 to Jan 11 1939

I last saw him alive on Jan 11th 1939. Death is said

to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Arterio
sclerosis, Chronic
Myocardosis, Uræmia,
caused by cardiovascular
renal disease.

Date of onset

1934

Other contributory causes of importance:

Fracture of Rt leg 1-5-39

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Budick, M. D.

(Address) 3801 Lee Ave

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

Arthur P. Dieckrich

Licensed Embalmer No.

3556

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, above space should be left blank.