

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days (Specify whether  
In this community Since Birth (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Emil Reckert

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, Deceased

6. (b) Name of husband or wife Rosa Reckert (Nenick) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 13, 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 4 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business \_\_\_\_\_

12. Name Not Known

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred E. Reckert

(b) Address 4119 Maffit Avenue

17. (a) Burial (b) Date thereof 7/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. (a) JUL 19 1941 (b) J. H. Bedock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4119 Maffit Avenue  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,  
year 1941 hour 1:55 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 6, 1941, to July 17, 1941,  
that I last saw him alive on July 17, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Gangrene of right foot Of autopsy Generalized arterio-sclerosis Yes

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Von Kaenel (M. D. or other) D  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

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

20  
17  
9

000  
17  
119

**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 *William G. Buehler*

Licensed Embalmer No. *2160*

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.**