

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19954**

FILED JUN 25 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5535**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2524 North 21st Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **2524 North 21st Str.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **Bernaŕd T. Rechten**

3. (b) If veteran, name war. 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Katherine Jenning** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Nov. 29, 1857**
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **16** If less than one day **12** hr. min.

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

10. Usual occupation **Retired Huckster**

11. Industry or business

12. Name **John Rechten**

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

14. Maiden name **Mary Dobelman**

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

16. (a) Informant **Mrs. Elizabeth Gilbers**

(b) Address **2524 North 21st Str.**

17. (a) **Burial** (b) Date thereof **June 18, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bromschwig Und. Co**

(b) Address **4746 West Florissant**

19. (a) **JUN 17 1948** (Date received local Registrar) **J. R. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1943** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 5** to **June 15**, 19**43**
that I last saw him alive on **June 15**, 19**43**
and that death occurred on the day and hour stated above.

Immediate cause of death **Chronic Bronchitis 6 mos.**

Due to **106**

Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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 **Walter J. Mellis** (M. D. or other) Address **3825 9/20th** Date signed **6-17-48**

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

MOTHER FATHER

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 By W. Wilkinson
Licensed Embalmer No. 3575

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 this body is not embalmed, fact should be so stated above.