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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28126

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7242

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4966 Leahy Ave.
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4966 Leahy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catharine A. Reckamp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry B. Reckamp

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 9, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	8	hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Joseph A. Nies
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Brandt
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry B. Reckamp
(b) Address 4966 Leahy Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) AUG 18 1948 (Date received local registrar) (b) J. P. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1948 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1948 to Aug 17, 1948 that I last saw her alive on Aug 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Hypertensive Cardio Vascular Disease

Due to Arterio-vascular Sclerosis

Other conditions Hypochromic anaemia
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations None
Of autopsy None

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

23. Signature T. J. Fellning (M. D. [illegible]r)
Address 8321 No Bdway Date signed 8/18/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jay W. Wilkerson

Licensed Embalmer No. 3575

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.