No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14078

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3251

1. PLACE OF DEATH
a. COUNTY St. Louis Mo. City Hospital # 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 5533 South west COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
d. STREET ADDRESS (If rural, give location) 5533 Southwest

3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) M. c. (Last) Rechtien

4. DATE OF DEATH (Month) (Day) (Year) 4 -9-1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 4 -3 -1878
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months * Days 6 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Rechtien
13b. MOTHER'S MAIDEN NAME Matilda Ruchenberg
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Rechtien 5533 Southwest

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Apoplexy
DUE TO (c) 83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1120 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-13 -1949
24c. NAME OF CEMETERY OR CREMATORY SS Peter 7 Paul Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE RECD BY LOCAL REG. 4 APR 1 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wingbermuehle 3819 S. Grand Blvd

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address St. Louis

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.