

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17205

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. La 90 Registrar's No. 12

| | | | |
|--|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> | |
| c. LENGTH OF STAY (in this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>803 Delmar</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>803 Delmar</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Vogt</u> c. (Last) <u>Reecht</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1950</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 27, 1922</u> |
| 9. AGE (In years last birthday): Months <u>27</u> Days <u>14</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Glass Factory</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Cutter</u> | | 11. BIRTHPLACE (State or foreign country) <u>Festus, Mo.</u> | |
| 13a. FATHER'S NAME <u>Eugene J. Reecht</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Vogt</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Marilyn Jean Frazier</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-20-9431</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert V. Reecht</u> | | ADDRESS <u>803 Delmar</u> | |
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Teratoma testis (malignant)</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u> ANTECEDENT CAUSES <u>Metastasis intestinal</u> DUE TO (b) <u>8 months</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>178X</u> | |
| 19a. DATE OF OPERATION <u>4/27/49</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Teratoma orchidectomy</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>April 27, 1949</u> , to <u>Feb. 11, 1950</u> , that I last saw the deceased alive on <u>Jan. 50</u> , 19 <u>50</u> , and that death occurred at <u>11 PM</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Henry G. K. ...</u> (Degree or title) | | 23b. ADDRESS <u>Festus Mo</u> | |
| 23c. DATE SIGNED <u>2/13/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 14, 1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>McCatholic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2/14/50</u> | | REGISTRAR'S SIGNATURE <u>(Verna) Bellonelli</u> 142 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>(H. W.) ...</u> | | ADDRESS <u>Festus Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-11-50

APR 4 1950

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

W. W. Wenzel

Licensed Embalmer No. 3010

P. O. Address

Foster No

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.