

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18557
State File No. 4900

FILED JUN 9 1950

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS.</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>55 33 SOUTH WEST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>55 33 SOUTH WEST.</u>		e. STREET ADDRESS (If rural, give location) <u>55 33 SOUTH WEST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH.</u> b. (Middle) <u>HENRY</u> c. (Last) <u>RECHTIEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1-3-1884</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Days <u>28</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>HERMAN RECHTIEN</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA RUECHENBERG</u>		14. NAME OF HUSBAND OR WIFE <u>MARY A TSEITEL - 61 Years</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>493-10-8576</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY RECHTIEN</u> ADDRESS <u>55 33 Southwest</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Sclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? <u>4201</u>	

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 _____, _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>6/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lasata</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Thimbermeile</u> ADDRESS <u>3819 S. Grand Bl</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Geo. J. King

Licensed Embalmer No.....
4611

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.