

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10463

State File No. ....

FILED MAR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2205**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS MO**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS 2169**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **3446 MIAMI**

d. STREET ADDRESS (If rural, give location) **16 3446 MIAMI**

3. NAME OF DECEASED  
a. (First) **LEO** b. (Middle) **-** c. (Last) **RECK**

4. DATE OF DEATH (Month) (Day) (Year)  
**MAR. 10 1952**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **AUG. 19 1876**

9. AGE (In years last birthday) **75**  
# UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED BAKER**

10b. KIND OF BUSINESS OR INDUSTRY **RETIRED**

11. BIRTHPLACE (State or foreign country) **AUSTRIA 4**

12. CITIZEN OF WHAT COUNTRY? **U.S.B.**

13a. FATHER'S NAME **JOSEPH RECK**

13b. MOTHER'S MAIDEN NAME **ANNA MISAR**

14. NAME OF HUSBAND OR WIFE **MARIE RECK**

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. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MARIE RECK 3446 MIAMI**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **ARTERIOSCLEROSIS GENERALIZED**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **NEPHROSCLEROSIS**

INTERVAL BETWEEN ONSET AND DEATH  
**1 1/2 YRS.**  
**UNK**

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **H200**

22. I hereby certify that I attended the deceased from **7-29-1951** to **9-10-1952**, that I last saw the deceased alive on **9-9-1952**, and that death occurred at **3:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Henry J Cooper** (Degree or title) **M.D.**

23b. ADDRESS **814 OLIVE ST.**

23c. DATE SIGNED **11 Mar 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **MAR. 13 1952**

24c. NAME OF CEMETERY OR CREMATORY **RESURRECTION CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 11 1952** **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutis 2906**

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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Leo J. Budde*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3989*

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.