

STANDARD CERTIFICATE OF DEATH

State File No. **22529**

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5180**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. LENGTH OF STAY (In this place) 70 yrs	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) L. c. (Last) Reckard		4. DATE OF DEATH (Month) (Day) (Year) June 5 1952	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 5, 1868	9. AGE (In years last birthday) (Months) (Days) (Year) (Min.) 83 9 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) leather worker		10b. KIND OF BUSINESS OR INDUSTRY Hanger Artificial Limb Co.		11. BIRTHPLACE (State or foreign country) Macoupin County, Ills.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown		

13b. MOTHER'S MAIDEN NAME Pricilla	14. NAME OF HUSBAND OR WIFE Corinne Andersen
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. ---
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles V. Reckard 3556a Texas Avenue	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tx of the right hip; shoulder and wrist arthritis; pneumonia; suppurating abscess		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. when deceased fell to the concrete walk in front of his daughter's home at 315 West Glen Dale Road.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hebiter Graves Mo on May 31st 1952 at about 700 pm			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 135 Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, in or about office bldg., etc.) At home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hebiter Graves Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 31 52 7:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F9030

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 **8:02 Am.**, from the causes and on the date stated above. **20**

23a. SIGNATURE (Deputy or title) Patricia C. Rayler Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6.6.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		

DATE REC'D BY LOCAL JUN 6 1952	REGISTRAR'S SIGNATURE J. Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. INC., 1936 St. Louis Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

CORONER

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.....

Helmut J. Krupinski

Signed.....
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 St. James*

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.