

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17020

State File No.

FILED JUN 14 1954

Registrar's No. 45

REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

BIRTH NO.

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

0920

0920

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) O'Fallon		c. CITY (If outside corporate limits, write RURAL and give township) O'Fallon	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Institute			
3. NAME OF DECEASED a. (First) Sr. M.		b. (Middle) Gonzaga	
c. (Last) Rechtiene		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH October 24, 1862
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR (Months) (Days) IF UNDER 12 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching of music		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State and foreign country) Teutopolis, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Philip Rechtiene		13b. MOTHER'S MAIDEN NAME Katherine Zurlene	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME S. Mary Alicia Coats		ADDRESS O'Fallon, Mo.	
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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH. 2 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio-sclerosis		10 yrs.	
DUE TO (c)			
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 4500	
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 11-15-1953 to 6-8 , 1954, that I last saw the deceased alive on 5-30-1954 , and that death occurred at 7:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. Indice MD		23b. ADDRESS St. Charles, Mo.	
23c. DATE SIGNED June 9, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1954	
24c. NAME OF CEMETERY OR CREMATORY Convent Cemetery		24d. LOCATION (City, town, or county) (State) O'Fallon, Missouri	
DATE REC'D BY LOCAL REG. June 10-54		REGISTRAR'S SIGNATURE E. a. Keithley 289	
25. FUNERAL DIRECTOR'S SIGNATURE W. C. Dalloway & Sons		ADDRESS St. Charles, Mo.	

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

Frank R. Amalson

Licensed Embalmer No. *48325*

P. O. Address *St. Charles, 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.