

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21136

State File No. ....

Registrar's No. .... 4677

BIRTH NO. 3.3516-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2040</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4 7046 Horner</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven Paul</u> b. (Middle) c. (Last) <u>Reckentin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-54</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>5-4-54</u>		9. AGE (In years last birthday) <u>11</u>		IF UNDER 1 YEAR Months <u>5</u> IF UNDER 4 HRS. Hours <u>11</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Robert John Reckentin</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Smith</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Anne Smith Reckentin</u>		ADDRESS <u>7046 Horner St. Louis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (atelectasis)</u> ANTECEDENT CAUSES <u>Circumvallate placenta</u> DUE TO (b) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7625</u>	
22. I hereby certify that I attended the deceased from <u>5-4-</u> , 19 <u>54</u> , to <u>5-5-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-5-</u> , 19 <u>54</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Deor Nulff, MD</u>		Degree or title <u>MD</u>		23b. ADDRESS <u>8505 Delmar</u>	
23c. DATE SIGNED <u>Service</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-31-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>Rowland-Aker Mortuary, 404 Manchester St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 26 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary</u> ADDRESS <u>404 Manchester St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**