

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10091**
Registrar's No. **2388**

BIRTH NO. **18979-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | | | |
|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) 1 day | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp. | | STREET ADDRESS (If rural, give location) 7818 1/2 S. Broadway | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Michael | | b. (Middle) Robert | |
| c. (Last) RECK | | 4. DATE OF DEATH | | (Month) (Day) (Year) 3 - 15 - 55 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | |
| 8. DATE OF BIRTH 3-10-55 | | 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months 5 IF UNDER 24 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and State or Foreign Country) 0 | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Robert RECK | | 13b. MOTHER'S MAIDEN NAME Georgia Uler | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Robert Reck | | ADDRESS 7818a S. Broadway | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Peritonitis | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| DUE TO (b) Intestinal Perforation | | DUE TO (c) Gongenital Megacolon | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | Multiple congenital Anomalie | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Above + Absent urinary Bladder | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 7562 | |
| 22. I hereby certify that I attended the deceased from 3-14-1955 , to 3-15-1955 , that I last saw the deceased alive on 3-15-1955 , and that death occurred at 7:25 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Dr. L. Shuster | | (Degree or title) MD | | 23b. ADDRESS St. Louis Childrens Hospital | |
| 23c. DATE SIGNED 3-15-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-16-55 | |
| 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home | |
| 25. ADDRESS 6322 S. Grand Blvd., St. Louis, Mo. | | DATE REC'D BY LOCAL REG. MAR 16 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{re}embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fernando J. W. [Signature]*
Licensed Embalmer No. 451

P. O. Address 6322 S. [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.