

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

29927
STATE FILE NUMBER
7871

Registration District No. **318** Primary Registration District **1003** Registrar's No. **7871**

| | | | | | | | |
|--|----------------------------------|---|--|--|--|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | Length of stay in 1b | | STREET ADDRESS 4133 Sarpy Ave. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MARY ELLEN RECHTIENE | | | First Middle Last | | | 4. DATE OF DEATH Month Day Year Aug. 20 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sep. 13, 1914 | | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk-Clean | | | 10b. KIND OF BUSINESS OR INDUSTRY Coverall Supply Co. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Frederick Rechtiene | | | | 14. MOTHER'S MAIDEN NAME Rose Ahern | | | |
| 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. 489-01-6863 | | 17. INFORMANT James Rechtiene | | Address 4133 Sarpy Ave. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Partial Intestinal Obstruction DUE TO (b) Metastatic Carcinomatosis DUE TO (c) Primary Carcinoma of Right Breast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3-5 days Unknown Several Years | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Oct. 1, 1952 , to Aug. 20, 1957 and last saw her ^{him} alive on 8/20/57 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Alvin S. Gessert M.D. | | | | 22b. ADDRESS 100 N. Euclid Ave | | 22c. DATE SIGNED 8/22 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr) | | 23b. DATE 8-23-1957 | 23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem. | | 23d. LOCATION (City, town, or county) (State) Waterloo, Ill. | | |
| 24. FUNERAL DIRECTOR Kriegshauser | | | ADDRESS 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. AUG 22 57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>S.P.</i> |

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Richard W. Stone*

Licensed Embalmer No. *4*

P. O. Address

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