

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030883

STATE FILE NUMBER

8514

DEPT SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8514			
1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Charles 6923	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes		Length of stay in lb 5 days	
3. NAME OF DECEASED (Type or print) First Ralph Middle H Last Rechtern		4. DATE OF DEATH Month Sept Day 1 Year 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH July 16 1898	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Cleaning Business		10b. KIND OF BUSINESS OR INDUSTRY Business	
11. BIRTHPLACE (City and state or country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Rechtern		14. MOTHER'S MAIDEN NAME Anna Denker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. #1 494-07-1808	
17. INFORMANT Mrs Esther Rechtern		Address St Charles Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1) Acute stenosis, rheumatic + myocardial infarct			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 1 month ? ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic fever + atherosclerosis			
DUE TO (c) atherosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4/1 X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 a. m. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION St Charles		COUNTY Mo STATE Mo	
21. I attended the deceased from 3/2/57 to 9/1/58 and last saw her/him alive on 9/1/58		Death occurred at 10:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert Jamie M.D. (Degree or title)		22b. ADDRESS 3720 Washington St St Charles Mo	
22c. DATE SIGNED 9/3/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/58	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) St Charles Mo	
24. FUNERAL DIRECTOR Arthur C Baue		ADDRESS St Charles Mo.	
25. DATE RECD. BY LOCAL REG. SEP 3 '58		26. REGISTRAR'S SIGNATURE J. Charles Smith M.D.	

Health, & Welfare Public Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 11 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. *312*

P. O. Address *[Handwritten 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.