

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13366
 Do not use this space.

REC'D MAY 10 1939

791
 1003

3708

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 or St. Louis, Mo. (c) City..... (d) Street No. *City Infirmary* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *262* John Rekers,
 (a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Farwick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1853

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
85	x 10	x 19	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Norman Rekers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Adelaide Sanders
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Funerary Home Co*
 4746 W. Florissant Ave

20. FILED APR 21 1939 *J. D. Redick* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1939, to April 20, 1939
 I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m. P.M.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) *J. P. Polachinski* M. D.
 (Address) 5800 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16603

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Hoff

Licensed Embalmer No. *2971*

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 this body is not embalmed, above space should be left blank.