

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28052**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **7552**

**1. PLACE OF DEATH:** **1008**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 Days**  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **Edwin Rachtiene 235**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Mamie**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Sep. 22, 1891**  
 (Month) (Day) (Year)

8. AGE: Years **47** Months **11** Days **7**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Iron Worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Fredrick Rechiene**  
 13. Birthplace **St. Louis Missouri**  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Ellen Reynolds**  
 15. Birthplace **St. Louis, Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Margaret Sullivan**  
 (b) Address **2118 Mullanphy**

17. (a) **Burial** (b) Date thereof **8/31/39**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Concordia Cem**

18. (a) Signature of funeral director **E. W. McLaughlin**  
 (b) Address **2301 Lafayette Ave**

19. (a) **AUG 31 1939** (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**   
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Unknown**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**,  
 year **1939** hour **4:50** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **August 27**,  
 19**39** to **August 29**, 19**39**  
 that I last saw him alive on **August 29**, 19**39**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **100**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Friedrich** (M. D. or other) \_\_\_\_\_  
 Address **City Hospital #1, 8/29/39**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

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

Signed *L. K. Cooney*

Licensed Embalmer No. *2633*

P. O. Address *2317 Lijg*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

28032  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township St Louis ..... Primary Registration District No. 1003  
(c) City St Louis ..... (d) Street No. .... St. ....  
(e) Length of residence in city or town where death occurred ..... (If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U.S. if of foreign birth? , yrs. mos. ds.

Registered No. 7552

2. PRINT FULL NAME Edwin Rechiene | RECHIENE

(a) Residence, No. .... St.  ..... (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)

FATHER 13. NAME Frederick Rechiene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/21/39 J.B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-39

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) E. E. E. E. M. D.  
(Address) City, Mo.

