

1 X1811
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 791
1002

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether _____)
In this community _____
years, months or days

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. 4622 Korte Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19,
year 1939 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from October
30, 1939, to November 19, 1939
that I last saw him alive on November 19, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Leucinaemia of urinary bladder
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Adolph Reck

8. (b) If veteran, name war None
8. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frieda Reck
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 16, 1861
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Stoney Hill, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Leopold Reck
13. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy (Unknown)
15. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha C. Reck
(b) Address 4622 Korte Ave.

17. (a) Burial (b) Date thereof Nov. 22, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Mr. W. Schumacher
(b) Address 4834 Natural Bridge

19. (a) NOV 21 1939 (b) _____
(Date received local registrar) (Signature of Registrar)

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 Kenneth J. Carter (M. D. or other)
Address 1515 Lafayette Date signed 11/20/39

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.....

John J. Fetter
.....
Licensed Embalmer No. 3890.....

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.