21 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

DEC 9 _ 1939

State File No. 40838

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2037

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town ____ (If outside city or town limits, write "RURAL")

(d) Street No. 7055 Plauteau (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William Frank Reckentin 253

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 13, 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Cleveland (City, town, or county) Ohio. (State or foreign country) 1

10. Usual occupation Station Agent -- Retired 6

11. Industry or business Frisco Railroad 6

FATHER
12. Name August Reckentin
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant's own signature Clara Reckentin
(b) Address 7055 Plateau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) NOV 21 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1939 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 1, 1937, to Nov 18, 1939; that I last saw him alive on Nov 18, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of the head of pancreas	6 m
Occlusion of common duct	3 yrs
Due to Cancer of liver (Metastasis) beginning	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations ____
Of autopsy as above outlined.

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

23. Signature W. Antoine Hall MD (M. D. or other) 1
Address 1625 Tower Grove Av Date signed 11/20/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Florenz Eymck.

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

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

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