

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 572Registration District No. 782

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

Registrar's No. 572

1. PLACE OF DEATH: 1003 1111 FEB 7 1940

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 4556 Tower Grove Place 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank F. Rechenmacher 252

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 Eleanor Rechenmacher

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 21 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Retired Receiving Clerk

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

MOTHER, FATHER {

12. Name Frank X. Rechenmacher

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gorg

15. Birthplace Union Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eleanor Rechenmacher

(b) Address 4556 Tower Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1940  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 3013 Meramec

19. (a) JAN 20 1940 (Date received local registrar)

J. P. Baudech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4556 Tower Grove Place  
(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18  
year 1940 hour 3:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 6 1939, to Jan. 18<sup>th</sup> 1940,  
that I last saw him alive on Jan. 15<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy,  
"3<sup>rd</sup> accident" of  
cerebral thrombosis

Due to chronic kardio vascular  
Renal Disease 60 7 years

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Henry P. Graul (M. D. or other) \_\_\_\_\_

Address 2905 Cherokee St. Date signed \_\_\_\_\_

1/2/04  
2-9 + 1/22 + 6/26/04  
KS

**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.....

*George DeLacour*

....., Registered Apprentice No.....

working under my personal supervision.

*George DeLacour*

Licensed Embalmer No. 2506

P. O. Address 3013 Duane

**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.**