

JUN 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4507

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5411 Ruskin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town 5411 Ruskin Ave
(If outside city or town limits, write "RURAL")
(d) Street No. St Louis _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME BERNHARD RECK

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Reck
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 8 - 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 12
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Shipping Foreman

11. Industry or business American Public Co

12. Name Unknown

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs Mary Reck

(b) Address 5411 Ruskin Ave

17. (a) Burial (b) Date thereof May 23 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director H. J. Leiders

(b) Address 2223 St. Louis Ave

19. (a) MAY 21 1940 (b) J. F. Budesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1940 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from June 1939 to May 20 1940
that I last saw him alive on May 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to General Hypertension
Due to _____

Duration
Don't know
Don't know

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.

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 Roland R. Menard, MD (M. D. or other) _____
Address 5330 Geraldine Date signed 5/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

0011100

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 P. Bushholz

Licensed Embalmer No.

1674

P. O. Address

3333 St. Louis Ave

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.