

No. 2
1-4-41
-17-39
26390

Registration District No. 787
EXPIRES DEC 7 1941

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2732 Brentwood Blvd., 1
(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 Mo (b) County St. Louis 96

(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2732 Brentwood 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Josephine Rekart

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1941 hour 8:30 minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Rekart 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 19 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20, 1941 to Nov 28, 1941.

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion. Chg Myocarditis

Due to _____

Due to _____

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

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) Choleperitis Acute

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Oge

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fuzsner

15. Birthplace France 5
(City, town, or county) (State or foreign country)

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) _____ (e) Means of injury _____

16. (a) Informant Mrs Clara Roth

(b) Address R. R. # 1 Box 108 Clayton, Mo.

17. (a) Burial (b) Date thereof 12-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica's Cem.

23. Signature H. Hayden (M. D. or other) MD

Address 5699 Delmar Date signed 11/28/41

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) NOV 28 1941 (b) H. H. Hayden MD
(Date received local registrar) (Registrar's signature)

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

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.....

Louis H Bopp

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H Bopp

..... Licensed Embalmer No. *921*.....

..... P. O. Address *Kirkwood*.....

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, fact should be so stated above.