

S. No. 2
M-5-42
7. 5-17-39
PI X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32359

State File No.

Registrar's No. **8644**

REG. DIST. **318**
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Yrs.**
(Specify whether
In this community **50 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **920**
(d) Street No. **3225 N. Florissant Ave.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Joseph Rekoski**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **Catherine**
6. (c) Age of husband or wife if alive **1858** years
7. Birth date of deceased **April 8th., 1858**
(Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **10**
If less than one day hr. min.

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Driver**

11. Industry or business

MOTHER FATHER {
12. Name **John Rekoski**
13. Birthplace **Unk. 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Shzgaski**
15. Birthplace **Unk. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Jeane**
(b) Address **3225 N. Florissant Ave.**

17. (a) **Burial** (b) Date thereof **10-19-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelley**
(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 19 1942** (b) **J. E. Biedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18th.**
year **1942** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept. 20, 1942 to Oct. 18, 1942**
that I last saw him alive on **Oct. 18, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Parenchymatous Nephritis**
Duration

Due to **131**
Due to **131**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **131**
Of autopsy **131**

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)

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

23. Signature **Anthony A. Rekoski M.D.**
Address **1525 d Cass Ave** Date signed **10/19/42**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W Van Matre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

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.