

Registration District No. **160**

Primary Registration District No. **3030**

Registrar's No. **53**

**1. PLACE OF DEATH:**

(a) County **Jefferson**

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 **57 yrs.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jefferson** **56**

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

(d) Street No. **Russell Ave** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Eugene Joseph Reecht**

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **17**  
year **1946** hour **5** minute **20** P.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marie Anna Reecht** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **October - 2 - 1882**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**June 2** 19**46**, to **July 17** 19**46**  
that I last saw him alive on **July 17** 19**46**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>63</b>	<b>9</b>	<b>15</b>	hr. _____ min. _____

9. Birthplace **Columan France**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer Retired**

Immediate cause of death **Myocarditis Chronic** Duration **unk**

Due to **Myocarditis acute** **3 weeks**

Due to **Nephritis acute** **1**

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

**MOTHER FATHER**

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

12. Name **Andrew Simon Reecht**

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

14. Maiden name **Marie La Porte**

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

16. (a) Informant **Mrs E. J. Reecht**  
(b) Address **Festus Mo.**

17. (a) **Burial** (b) Date thereof **7-20-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus Catholic Cem.**

18. (a) Signature of funeral director **St. B. Duryard**  
(b) Address **Festus Mo.**

19. (a) **July 19 1946** (b) **Alfred Brown**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy **930**

**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 **Harry Gostit** (M. D. or other) **M.D.**  
Address **...** Date signed **7/19/46**

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

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-169  
Date Filed 6-17-46

**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 *H. H. Wenzel*  
Licensed Embalmer No. 3010  
P. O. Address *Justus*

**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.**