

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42854**
Registrar's No. **10976**

FILED JAN 7 1947 318

Primary Registration District No. **1003**

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:
3516 Humphrey St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 46 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 Humphrey
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Recktenwald
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20
year 1946 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from 9-12-1946 to 12-20-1946
that I last saw her alive on 12-20-1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Cardiac failure Duration 3 hrs
Due to Broncho pneumonia 3 da
basic Adenoma Thyroid 10 yrs
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased: August 23 1876
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
70 3 27 hr. min.

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Perkinsville N. Y. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____

MOTHER-FATHER { 12. Name Jacob Recktenwald
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Josephine Straub
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Mary Lofting
(b) Address 3516 Humphrey
17. (a) Burial (b) Date thereof: Dec. 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 0 (Specify type of place) (e) Means of injury _____
3. Signature Eugene A. Joad (M. D. or _____)
Address 3725 S. 6th Date signed 12/20/46

(c) Place: burial or cremation New S.S. Peter & Paul Cen.
18. (a) Signature of funeral director Beiderwieden F.H. Inc.
(b) Address 1916 St. Louis Ave.
19. (a) 1150 21 1946 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

DEC 21 1946

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41663

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..... *Glen S. Hat*

Licensed Embalmer No. *03737*

P. O. Address..... *1936 W. Lawrence*

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.