

Registration District No. **42**

Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Hrs.**  
(Specify whether in this community years, months or days)  
**40 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan** //  
 (c) City or town **St. Joseph** //  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2311 1/2 So. 10th. St.** //  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country **\***

**3. (a) PRINT FULL NAME** **Conrad H. Rettich**  
**3. (b) If veteran, name war** **None**  
**3. (c) Social Security No.** **707-09-4910**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **14**  
 year **1947** hour **10** minute **00** P.M.

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Ellen Rettich**  
**6. (c) Age of husband or wife if alive** **45 years**  
**7. Birth date of deceased** **September 16 1901**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**1** **Feb 1** 19**47** to **April 14** 19**47**  
 that I last saw him alive on **April 14** 19**47**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **45** Months **6** Days **28**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Cerebral Hemorrhage**  
 Due to **Essential Hypertension**  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration **4 hrs 45 min**  
 Physician **Unknown**

**9. Birthplace - Alliance Nebraska**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Clerk**  
**11. Industry or business** **C. B. & Q Railroad**

**12. Name** **Henry Rettich**  
**13. Birthplace** **Canton Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Anna Goldrick**  
**15. Birthplace** **Unknown Penn.**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations **§ 37A**  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Ellen Rettich**  
**(b) Address** **2311 1/2 So. 10th. St.**

**17. (a) Burial** (b) Date thereof **Apr. 17, 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Mt. Olivet Cemetery**  
**(a) Signature of funeral director** **Norman W. Gudenraden**  
**(b) Address** **1802 Union St. St. Joseph, Mo.**

**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 \_\_\_\_\_

**19. (a) 4-18-47** (b) **La B. Perkins**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **Jay Redmond** (M.D. or other) **M.D.**  
 Address **503 Corby Bldg. St. Joseph, Mo.** Date signed **4/15/47**

JUN 10 1947

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.....  
*James T. O'Connell*..... Registered Apprentice No. *486*  
working under my personal supervision.

Signed..... *Robert H. Gable*.....  
Licensed Embalmer No. *3308*  
P. O. Address..... *St. Joseph, Mo.*

**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.**