

#84846

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. \_\_\_\_\_

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21252

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

5635

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME LEO. WILLIAM RECTOR

3. (b) If veteran, \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

name war \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced DIVORCED  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 2 years  
 7. Birth date of deceased OCTOBER 20 1900  
 (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 29 If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)10. Usual occupation BARTENDER.

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

MOTHER FATHER

12. Name WILLIAM RECTOR13. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)14. Maiden name EDNA POWERS15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Edna Rector(b) Address 1317 S. Compton Av.17. (a) BURIAL (b) Date thereof JUNE 23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremator CALVARY CEM.18. (a) Signature of funeral director E. J. Schirer(b) Address 3125 Lafayette Av.19. (a) JUN 22 1948 (b) J. F. Bruesch  
(Date received local registrar) (Registrar's signature)

## 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")  
 (d) Street No. 1317 S. COMPTON AV. 9  
 Memorial 18 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th  
 year 1948 hour 6 minute 36 P.M.

21. I hereby certify that I attended the deceased from 6/18/48  
 \_\_\_\_\_, 19\_\_\_\_, to June 19th 1948  
 that I last saw h im alive on June 19th 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastatic to scalp, skull, dura and brain  
 Duration 2 Mo.  
 Due to Brochogenic carcinoma of lung 6 Mo.  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy Refused by family

## 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)  
 (c) Means of injury 0  
 23. Signature Warren B. Mills (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

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 *Jack Rollman*

Licensed Embalmer No. *4014*

P. O. Address *3125 Gajay Ham*

**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.**