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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 228122

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7710

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3730 Blair Ave.
Memorial (If rural, give location)
(e) 26 Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WALTER REKOSZ

3. (b) If veteran, name war _____

3. (c) Social Security No. 335-10-5046

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sep. 28 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Frank Rekosz

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Karasz

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Al Rekosz (Son)

(b) Address 3730 Blair Ave.

17. (a) Bueial (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director St. Louis Funeral

(b) Address 2205 St. Louis Ave. Home

19. (a) SEP 1 1948 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th
year 1948 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from 8/26/48
and that death occurred on the date and hour stated above.
that I last saw him alive on Aug. 30th, 19 48
Aug. 30th, 19 48

Immediate cause of death Carcinoma of the lung with metastases to the brain Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) H7

Major findings:

Of operations _____
Of autopsy _____

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 Walter J. Buson M.D. (M. D. or other) 8/30/48
Address 1515 Lafayette Date signed _____

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 Elmo R. Sadwell
Licensed Embalmer No. 42077
P. O. Address.....

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.