

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9586

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Missouri</b> <b>Pacific Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		d. STREET ADDRESS (If rural, give location) <b>7055 Plateau Avenue,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7055 Plateau Avenue,</b>			
3. NAME OF DECEASED a. (First) <b>ROBERT</b>		b. (Middle) <b>William</b>		c. (Last) <b>Reckentin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5 49</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 16, 1896</b>	
9. AGE (In years last birthday) <b>53</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Terminal R. R. Assa. Cleveland, O.</b>		11. BIRTHPLACE (State or foreign country) <b>Cleveland, O.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R. R. Assa. Cleveland, O.</b>		11. BIRTHPLACE (State or foreign country) <b>Cleveland, O.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William Frank Reckentin</b>		13b. MOTHER'S MAIDEN NAME <b>Clara B. Wagner</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Hart</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert J. Reckentin, 7016 Horner Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, essential</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>102</b>		21d. HOW DID INJURY OCCUR? <b>LHAX</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>LHAX</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 5</b> , 19 <b>49</b> , to <b>Nov. 6</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Nov. 5</b> , 19 <b>49</b> and that death occurred at <b>7:50 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert A. Hackett M.D.</b>				23b. ADDRESS <b>1755 So. Grand St. Louis</b>		23c. DATE SIGNED <b>11/5/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/8/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem. St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. OFF. <b>NOV 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>6633 Clayton Rd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 1994

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**