

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28641

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7411**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis	c. LENGTH OF STAY (in this place) 15 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 4966 Leahy Street 15	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) B	c. (Last) RECKAMP	4. DATE OF DEATH (Month) (Day) (Year) Aug 18, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Apr 20, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman (retired)		10b. KIND OF BUSINESS OR INDUSTRY Furniture Man.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Charles Reckamp	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-07-1948	17. INFORMANT'S SIGNATURE OR NAME Miss Irma Reckamp ADDRESS 4966 Leahy
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria - Postoperative		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cholecystitis and Cholelithiasis year DUE TO (c) Hemorrhage - intra-hepatic ducts 3 weeks		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8-13-51	19b. MAJOR FINDINGS OF OPERATION Hemorrhage into intra-hepatic ducts @ gall stones	20. AUTOPSY? Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 584X

22. I hereby certify that I attended the deceased from **8-3**, 19**51**, to **8-18**, 19**51**, that I last saw the deceased alive on **8-18**, 19**51**, and that death occurred at **10:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles Montani M.D. (Degree or title)	23b. ADDRESS 5147 Paggelcamp	23c. DATE SIGNED 8-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son ADDRESS 4746 W Florissant
DATE RECEIVED LOCAL REG. AUG 20 1951	REGISTRAR'S SIGNATURE J. Carl Smith, M.D. xD	

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Montani
5147 Daggett

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed G. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.