

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22530

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5944

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2199	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4343 McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4373 West Pine			

3. NAME OF DECEASED (Type or Print) Bertha Rose Reecht			4. DATE OF DEATH June 24, 1952			
a. (First)	b. (Middle)	c. (Last)	Date	Month	(Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 8, 1877	9. AGE (In years less birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Governess		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Calmer, France 4		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andie Reecht		13b. MOTHER'S MAIDEN NAME Marie LaPorte		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.M. Shaw, ADDRESS 4343 McPherson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Hypertensive		Cardiovascular Disease			7 mon.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Chronic Myocarditis with Cardiac Hypertrophy			7 mon.
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	

22. I hereby certify that I attended the deceased from 12-7-1952 to 6-24-1952 that I last saw the deceased alive on 6-24-1952, and that death occurred at 11:30p., from the causes and on the date stated above.

23a. SIGNATURE W.J. Riemann (Degree or title)		23b. ADDRESS 4390 West Pine Be		23c. DATE SIGNED 6-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-25-52		24c. NAME OF CHURCH OR CREMATORY Catholic	
				24d. LOCATION (City, town, or county) (State) Festus, Mo.	

DATE REC'D BY LOCAL REG. JUN 25 1952		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, ADDRESS 4700 Washington Blvd.	
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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 Me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remelmas

Licensed Embalmer No. 4283

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.