Health, & Welfare
Public
Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-038142

REC NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10207

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 38 Lutheran Hosp. — Length of stay in Ib: DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: 050 Arnold — Inside Limits Yes ☐ No ☐
STREET ADDRESS (If outside, give location): 24 Rtl Box 73 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Benjamin — Middle G. — Last Rechtiene Sr

4. DATE OF DEATH: Month Oct. Day 22 Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec 4th 1884

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Transfer

11. BIRTHPLACE (City and state or country): St Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Rechtiene

14. MOTHER'S MAIDEN NAME: Margaret Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Nancy Rechtiene — Address: Rt 1 Box 73 Arnold, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 8:29 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or M.E.): Joseph M. Quinn Coroner — **22b. ADDRESS**: 1300 Clark — **22c. DATE SIGNED**: 10/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: Oct 25 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Sunset Burial Park — **23d. LOCATION** (City, town, or county) (State): Affton, Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home — **ADDRESS**: Mehlville Mo.

25. DATE RECD. BY LOCAL REG.: OCT 25 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.C.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Bills

Licensed Embalmer No. 43

P. O. Address Shelby,

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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