

FEAR 23 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7361

1. PLACE OF DEATH

93 County St. Louis
Township Worsham
City Afton Mo.

Registration District No. 1123
Primary Registration District No. 62485
(No. R.O. #7 Afton Mo.)

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

Louis Albert Reichardt
(a) Residence, No. R 16 #7 Afton Mo. St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Reichardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
44 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Reichardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Veratha Schlemmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Blanche Reichardt (ADDRESS) Laclede & Park Hill Rd. Afton R.O. #7

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 2-19-1934

19. UNDERTAKER Louis St Bopp (ADDRESS) Northwood Mo.

20. FILED Feb 17 1934 Dr. H. J. Cole M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1934

I HEREBY CERTIFY, That I attended deceased from February 9 1934 to July 16 1934
I last saw him live on July 15 1934 Death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency
Acute Parenchymatous Nephritis
Date of onset _____

Other contributory causes of importance: 92

Name of operation _____ Date of _____
What test confirmed diagnosis? Impairment of Vision Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) D. S. Vanhook M. D.
(Address) 3115 E. Grand Ave.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. H. C. J. 1881