REC'D MAR 14 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan 2
Township Washington 7
City St. Joseph (No. 2213 South 9th St. St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 6059
Registered No. 132

2. FULL NAME Charles Valentine Reichert 2 63

(a) Residence, No. 2213 South 9th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Reichert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1864

7. AGE: Years 73 | Months 3 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
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 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown Illinois

FATHER
13. NAME John Reichert 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Blanche Reichert
(ADDRESS) 2213 So. 9th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Feb. 4, 1938

19. UNDERTAKER E.R. Sidenfaden Funeral Home
(ADDRESS) 602 South 10th street.

20. FILED 2/4, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1938 to Feb. 1 1938
I last saw him alive on Feb. 1, 1938. Death is said to have occurred on the date stated above, at 12 21 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 27/8
[illegible]	

Other contributory causes of importance: Arteriosclerosis Hypertension

Name of operation None Date of
What test confirmed diagnosis? Otherwise 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) [illegible], M. D.
(Address) Tootsebuck Bldg.

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.