

DEC 11 1938

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

41578

Do not use this space.

11270

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City..... St. Louis (d) Street No. City Hospital No. 1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

D. 13586

## 2. PRINT FULL NAME

Anton Reichert

(a) Residence, No. 4950 Magnolia St. 13 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHANNA REICHERT</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1879</u>				
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>LABORER</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>nil</u>			
	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) <u>Austria</u>				
FATHER	13. NAME <u>JOHN REICHARDT</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>AUSTRIA</u>			
15. MAIDEN NAME <u>UNKNOWN</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>				
17. INFORMANT <u>Hosp. Info M. Kent</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MINT HOPE CEM</u> DATE <u>JAN. 2</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Jos. P. Fandler Jr</u> <u>7128 MICHIGAN AV.</u>				
20. FILED <u>DEC 31 1938</u> <u>J. M. Prebels</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/38 1938

22. I HEREBY CERTIFY That I attended deceased from 12/16/38 to 12/29/38, 1938  
I last saw him 12/29/38 alive on 12/29/38 1938. Death is said to have occurred on the date stated above, at 12.27 m. P.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of colon  
H6C  
Other contributory causes of importance:  
Intestinal Obstruction  
Peritonitis  
Name of operation ileostomy Date of 12-17-38  
What test confirmed diagnosis? ..... Was there an autopsy? Y

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? .....  
If so, specify .....  
(Signed) Wm. L. Sellers, Jr., M. D.  
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X 18605

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.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Jrs. P. Fendler Jr.*

Licensed Embalmer No. *9250*.....

P. O. Address *St Louis*.....

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

41578  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. 11270  
(c) City..... St. Louis Mo. City Hosp #, Street No.....  
(d) Street No.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Anton REICHERD St. [ ]  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

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

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h. alive on , 19. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 6 3

to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Date of onset

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

Other contributory causes of importance:

13. NAME John REICHERD

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Date of injury, 19

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury Nature of injury

20. FILED 3/2 1/39 J. B. Reeder Local Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) , M. D. (Address)

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

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

415-78  
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1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anton Reichert

(a) Residence, No..... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as 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).....

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

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE.....

19. FUNERAL DIRECTOR (ADDRESS).....

20. FILED 2-8 1939 J. F. Bredeek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify..... (Signed)....., M. D.  
(Address).....

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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.

SUPPLEMENTARY