

FILED JUN 10 1940
Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. **877**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Robertson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Bottom Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Robertson**
(If outside city or town limits, write "RURAL")
(d) Street No. **Missouri Bottom Road**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME **WILLIAM A. REICHARDT**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Minnie A. Reichardt** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Dec. 13 1875**
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **20**
If less than one day hr. min.

9. Birthplace **Robertson Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **lo**

FATHER
12. Name **William Reichardt**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul E. Reichardt**
(b) Address **Robertson, Mo. R#1**

17. (a) **Burial** (b) Date thereof **5-6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Free Free Cemetery**

18. (a) Signature of funeral director **Blumstein**
(b) Address **2504 Woodson Rd - Overland, Mo.**

19. (a) **MAY 6 - 1940** (b) **H. G. Hoffman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1940** hour **7:40** minute **P** M.

21. I hereby certify that I attended the deceased from **May 14**, 1939, to **May 31**, 1940;
that I last saw him alive on **May 31**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Infarction** Duration **1 day**
Astero-Infarction **1 yr.**

Other conditions **g4h**
(Include pregnancy within 3 months of death)

Major findings: **g4h**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **707** (Specify type of place) (e) Means of injury

23. Signature **H. G. Hoffman** (M. D. or other) **1**
Address **Pattonville, Mo.** Date signed **May 6, 40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland, 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, above space should be left blank.