

FILED JUN 25 1941

STANDARD CERTIFICATE OF DEATH

State File No. 16427

Registrar's No. 3945

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH: St. Louis, Mo.

(a) County St. Louis, Mo.

(b) City or town St. Louis

(c) Name of hospital or institution: City Sanitarium 2

(d) Length of stay: In hospital or institution 2 vs. 1 mos. 6 days.

In this community 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0019

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1713

(d) Street No. City Infirmary 4638 Michigan Ave

(e) Citizen of foreign country? No. (Yes/No)

3. (a) PRINT FULL NAME HENRY REICHERT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Minnie Miller Reichert

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 27, 1860

8. AGE:	Years	Months	Days	If less than one day
	81	-	12	hr. min.

9. Birthplace Unknown 4/Germany

10. Usual occupation Carpenter Building carpenter

11. Industry or business Building carpenter

12. Name Unknown

13. Birthplace Unknown 9 Unknown

14. Maiden name Unknown

15. Birthplace Unknown 9 Unknown

16. (a) Informant Miss S. L. ...

(b) Address 3700 ...

17. (a) Burial (b) Date thereof May 1941

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. H. ...

(b) Address 2842 Meramec St.

19. (a) MAY 4 1941 (b) J. W. ...

20. DATE OF DEATH: Month May day 9 year 1941 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from 6-4-38 to 5-9-41

that I last saw him alive on 5-9-41

and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis (onset 5-7-41x)

Due to: General Arteriosclerosis (onset 6-4-38x).

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: No.

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? (Specify type of place) (b) Means of injury

23. Signature M. ... Date 5-9-41

Address 5400 ... Date 5-9-41

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Herman A. Gebker

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, 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, fact should be so stated above.