

JUL 31 1943

Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT Nellie Helen Reichardt,
 FULL NAME

3. (b) If veteran, no name war _____
 3. (c) Social Security NONE No. _____

4. Sex female 5. Color or white race
 6. (a) Single, widowed, married, married
 divorced _____

6. (b) Name of husband or wife Joseph V. Reichardt
 6. (c) Age of husband or wife if 56
 alive _____ years

7. Birth date of deceased May 20 1887
 (Month) (Day) (Year)

8. AGE: Years 56 Months I Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Bloomington Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name Michael O'Brien
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name May Cullinane
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph V. Reichardt
929 Rutger St.

(b) Address Burial
 17. (a) _____ (b) Date thereof 7-21-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director _____
 (b) Address 1710 N. Grand Boul.

19. (a) JUL 20 1943 J. T. Bredet
 (Date read and local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 929 Rutger St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
1943 year. hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from June 19 43 to July 17 43
 that I last saw him alive on July 16 43
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis infarctus
 Due to Diabetes Mellitus unglyc
Secondary aneurysm atherosclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy same U
 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? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Wasserman (M. D. or other) MD
 Address 3318 S. Greend Date signed 7-22-43

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

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. **3186**

working under my personal supervision.

Signed *Fred Frick*

Licensed Embalmer No. **3186**

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.