

FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

883

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 523

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3448 Crittenden  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community 70 yrs (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME AGNES REICHARDT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow6. (b) Name of husband or wife Phillip H. Reichardt 6. (c) Age of husband or wife if alive dec. years7. Birth date of deceased 4 27 1856  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
87 8 20 br. min.9. Birthplace Waltensburg Switzerland  
(City, town, or county) (State or foreign country)10. Usual occupation Home

11. Industry or business.....

12. Name Lucius Risch13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)14. Maiden name Marie Cadetsch15. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)16. (a) Informant Ida Reichardt(b) Address 3448 Crittenden17. (a) Burial (b) Date thereof 1-20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery(d) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd19. (a) JAN 18 1944 (b) J. P. Prudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3448 Crittenden  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 44 hour 3 minute 30 P. M.21. I hereby certify that I attended the deceased from Jan 10 1944 to Jan 17 1944  
that I last saw her alive on Jan 17 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia (Terminal) Duration 4 daysDue to Gen. SenilityOther conditions (Include pregnancy within 3 months of death) 707Major findings:  
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?

(Specify type of place)  
 While at work..... Means of injury.....  
 23. Signature Carl W. [Signature] (M. D. or other)  
 Address 610-13th St. St. Louis, Mo. Date signed 1/18/44

**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 *jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 D Elm*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*J. J. Gault*