

FILED JAN 25 1945

318

State File No. 1003

Registrar's No. 351

Registration District No.

Primary Registration District No. 1003

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: Lutheran Altenheim  
(If not in hospital or institution, write street number or location) 5  
(d) Length of stay: In hospital or institution 1 yr +  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 8721 Halls Ferry Rd  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lutheran Altenheim  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Reichardt

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 24 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 18 hr. min.

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

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name Christian Reichardt

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Philippina Etling

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Spencer, Supt

(b) Address 8721 Halls Ferry Rd

17. (a) Removal (b) Date thereof Jan 13 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah Ill

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave

19. (a) JAN 13 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1945 hour 1 pm minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec 15 1945 to Jan 12 1945  
that I last saw her alive on Jan 11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Bronchial Asthma 10 yrs?  
(Include pregnancy within 3 months of death)

Major 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? (e) Means of injury \_\_\_\_\_

23. Signature Eugene L. Arnold (M. D. or other) MD  
Address 1449 Mc Laran Date signed 1/12/45

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

MOTHER FATHER

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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 *Felix J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis Ave*

**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.**