S. No. 2
DM—2-43
v. 5-17-39
I X35697

3008

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

State File No. 817

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 606

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: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 114

(c) City or town ~~St. Louis~~ 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. #1 Mountan Grove, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? NK (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bessie A. 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 Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. (Month) 29 (Day) 1885 (Year)

8. AGE: Years 60 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph B. Opdycke
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Davidson
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant John Reichardt
(b) Address R. #1 Mountain Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Hildule
(b) Address 3634 Gravois Ave.

19. (a) JAN 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 20 1945 to Jan 17 1946 that I last saw her alive on Jan 17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Pulmonary Metastasis

Due to Ca. of Uterus

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

Major findings:
Of operations —

Of autopsy —

Duration

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 Matthew W. Wise (M. D. or other) MD

Address 634 No. Grand Ave Date signed 1/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2128

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.