

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25199

State File No. 6147

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Chain 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>Rinehart</u> c. (Last) <u>Reichert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 29 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Freeburg, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>J. F. Reichert Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Erlinger</u>	14. NAME OF HUSBAND OR WIFE <u>Mary O Reichert</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Connell-Grand Chain, Ill.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate and metastases to liver.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocardial Infarction</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>2/21/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Prostate</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>154X</u>	
22. I hereby certify that I attended the deceased from <u>2/14/46</u> to <u>7/17/1950</u> , that I last saw the deceased alive on <u>7/16/50</u> , and that death occurred at <u>3:40A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Hoppe M.D.</u>		23b. ADDRESS <u>4952 Hazard</u>	23c. DATE SIGNED <u>7/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Catherine</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Chain, Illinois</u>
DATE REC'D BY LOCAL REG. <u>JUL 17 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe-4700 Washington Blvd</u>	

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert M. Murray*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3749*

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.