

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3289

BIRTH NO. 11930-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 119

2005

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2019</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>4120 Holly Hills Blvd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Jos.</u> c. (Last) <u>Reichert Jr.</u>	4. DATE OF DEATH (Month), (Day) (Year) <u>Jan 14 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 14 1951</u>	9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>30</u> Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richmond Heights Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert J. Reichert</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Estella Jacob</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert J. Reichert</u>	ADDRESS <u>4120 Holly Hills</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity atarides</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Mother operated on for Ruptured appendix, 24 hours later labor started</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (c)	

19a. DATE OF OPERATION <u>1/13/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured appendix</u>	20. AUTOPSY? <u>776 X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-14, 1951, to 1-14, 1951, that I last saw the deceased alive on 1-14, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel M. W. 0</u> (Degree or title)	23b. ADDRESS <u>6125 9th Bartmer Ave</u>	23c. DATE SIGNED <u>1/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/15 51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Tompe Md.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Student Embalmer

*No Embalmer*

Signed

*James W. Work*

Licensed Embalmer No. *1661*

P. O. Address *1125 Hodiannon*

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.