

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26803**  
Registrar's No. **6594**

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>30 yrs</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2513 S. 4th. St.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>23 2513 So. 4th St</b>	
--	--	--	--

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Frank</b>	a. (First) _____ b. (Middle) _____ c. (Last) <b>Reichert</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7 -- 1--53</b>
--	--	---

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>2-10-72</b>	<b>9. AGE</b> (In years (last birthday)) <b>81</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 14 HRS.</b> Hours _____ Min. _____
------------------------------	---	---	---	---	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Confectionery</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Austria</b>
---	--	--

<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	<b>13a. FATHER'S NAME</b> <b>Michael Reichert</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>
--	--	--

<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frances Reichert</b>	<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>
---	--	---

<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Frances Reichert</b>	<b>ADDRESS</b> <b>2513 So 4th St,</b>
---	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic interstitial Nephritis</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Unknown</b>  <b>Unknown</b>  <b>20 Yrs</b>
--	---	--

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>592X</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
--	--	---

**22. I hereby certify that I attended the deceased from June 28, 1953, to July 17, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 9: P. m. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>William Baron M.D.</b>	<b>23b. ADDRESS</b> <b>3601 S Jefferson</b>	<b>23c. DATE SIGNED</b> <b>7-1-53</b>
--	--	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>7-4-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>SS Peter &amp; Paul Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
---	-----------------------------------	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 3 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> (Address) <b>Moydell Funeral Home 1926 Allen Ave</b>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address .....

**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.