

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13806**
Registrar's No. **3323**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3323	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.				d. STREET ADDRESS (If rural, give location) 15 4351 Delor			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle)		c. (Last) Reichert	
4. DATE OF DEATH Apr. 11, 1955		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 15, 1875	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 10 Days 26		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Inter. Shoe		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Reichert		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Johanna Reichert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-01-7310A		17. INFORMANT'S SIGNATURE OR NAME Irene Davis ADDRESS 4351 Delor St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA ANTECEDENT CAUSES DUE TO (b) HEART DISEASE, ARTERIO SCLEROTIC DUE TO (c) ARTERIO SCLEROSIS II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. NO CEREBRAL THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 1 DAY 2 MONTHS ? 3 YEARS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from FEB 16, 1955 to APR 11, 1955 , that I last saw the deceased alive on APR 11, 1955 , and that death occurred at 6:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Agnes V. Henschel, M.D. (Degree or title)				23b. ADDRESS 6201 Hoffman Cir		23c. DATE SIGNED 4/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec St.			

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.