

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012198
STATE FILE NUMBER
2659

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4346
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 0 27 7340 Forsyth Blvd

3. NAME OF DECEASED (Type or print) First Middle Last JULIUS ROBERT REICHERT.			4. DATE OF DEATH Month Day Year 3 - 4 - 58	
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect. & Treas. East St. Louis	10b. KIND OF BUSINESS OR INDUSTRY National Stock Yds.	11. BIRTHPLACE (City and state or country) O'Fallon, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo. A. Reichert	13b. MOTHER'S MAIDEN NAME Bena Poignee	14. NAME OF HUSBAND OR WIFE Dorothy Ruth Reichert
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NONE	16. SOCIAL SECURITY NO. 327-03-4593	17. INFORMANT Mrs. Dorothy R. Reichert; 7340 Forsyth Blvd
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG DUE TO (b) With METASTASIS DUE TO (c) Hyper-tensive CARDIAC DISEASE		INTERVAL BETWEEN ONSET AND DEATH 6 Mo 14 W
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 163x
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at not 1958 2-4-58 and last seen alive on 3-3-58 5:20 a.m.		and last seen alive on 3-3-58	
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22a. SIGNATURE (Degree or title) J. Michael M.D.	22b. ADDRESS 812 Olive	22c. DATE SIGNED 3-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-6-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR C.R. Lupton & Sons; 7233 Delmar Blvd	25. DATE RECD. BY LOCAL REG. MAR 5 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DR. V. E. MICHAEL
812 OLIVE STREET
GR. 1-4004
11:00 To 3:00 P.M.

953

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

Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.