Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042565
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3637

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. Length of stay in 1b 1 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Pagedale 4181 0 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1528 Engelholm Ave Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Emma Middle Last Reichert

4. DATE OF DEATH Month 11 Day 19 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 4/5/1884
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Kansas City Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Amrein
13b. MOTHER'S MAIDEN NAME Ida Woelke
14. NAME OF HUSBAND OR WIFE Benard Reichert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **********
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Be nard Reichert 1528 Engelholm

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EDEMA & ATELECTASIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) RECENT MYOCARDIAL INFARCTION
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-13-1958, to 11-19-1958 and last saw her/him alive on 11-19-1958
Death occurred at 6:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. B. Holley (Degree or title) M.D. 0
22b. ADDRESS 601 S. Brentwood, Clayton
22c. DATE SIGNED 11-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/22/58
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Jos. W. Clark ADDRESS 1125 Hodiamont
25. DATE RECD. BY LOCAL REG. 11-21-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke, MD/jch

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Alfred F. Boedeke

Licensed Embalmer No. 2663

P. O. Address 1125 Hickam

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.