

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8885-61-034827
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8885

FILED OCT 15 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Cedar Hill</u> | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt. 1, Box 91 A</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Philip</u> Middle <u>C.</u> Last <u>Reichardt</u> | | | 4. DATE OF DEATH Month <u>September</u> Day <u>23</u> Year <u>1961</u> | | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/6/1906</u> | 9. AGE (last birthday) <u>55</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
|-----------------------|----------------------------------|--|-------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secy-Treas.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Local 405 Teamsters</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Charles Reichardt</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Franz</u> | 14. NAME OF HUSBAND OR WIFE <u>Frances</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 17. INFORMANT <u>Frances Reichardt</u> | Address <u>Rt. L, Box 91A Cedar Hill,</u> |
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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) <u>Carcinoma of lung</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
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| 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.) | |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from Sept 5, 1961 to Sept 23, 61 and last saw him alive on Sept 22, 1961
Death occurred at 7:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Gray H. Finley, M.D.</u> | 22b. ADDRESS <u>216 So. Kingshighway</u> | 22c. DATE SIGNED <u>9/25/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Sept. 27, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u> | 23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>C. Hoffmeister Mortuaries 731 1/2 So. Broadway St. Louis, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>SEP 25 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Lois Smith, M.D.</u> |
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AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 *Eric C. Branson*

Licensed Embalmer No. 4764

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.