

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

MAR 8 1935

11487

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248H.  
 City S. Richmond (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 53  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** George Reichardt

(a) Residence, No. 21 E. Jackson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Webster Groves, Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Reichardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1st, 1854

|        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>81</u> | <u>1</u> | <u>0</u> |                                  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah, Illinois

MOTHER FATHER 13. NAME George Reichardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louisa Reichardt  
 (ADDRESS) 21 East Jackson, Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Mar. 2nd, 1935

19. UNDERTAKER Which Bros  
 (ADDRESS) 2201 S. Grand Blvd.

20. FILED 3/12, 1935 Tertrude Porter  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934, to Feb 28, 1935

I last saw him alive on Feb 28, 1935 Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?  
Prostatic hypertrophy ?

Other contributory causes of importance:

Name of operation Symphyseal osteotomy Date of Feb 24, 35  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) T. J. Frankowsky, M. D.  
 (Address) 784 Locust Blk

WITH UNFADING INK--THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

986

1211 Sunset  
Mrs Porter

V. S. No. 2  
100M-11-24-31

WRITE PLAINLY

N. B.—Every  
CARD