

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 36449Registration District No. 475Primary Registration District No. 5580Registrar's No. 12-47

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 DAYS
(Specify whether
years, months or days)

In this community _____

3. (a) PRINT FULL NAME JOHN RERICHA 633. (b) If veteran, name war NIL 3. (c) Social Security No. NIL4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife LULA GOLDEN 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 5 12 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 4 28 hr. min.9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation PIPEFITTER, RETIRED

11. Industry or business _____

12. Name GEORGE RERICHA13. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)14. Maiden name ROSALIE HUBER15. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)16. (a) Informant's own signature St. Joseph's Hill Infirmary(b) Address Brother Boulevard, S. E.17. (a) Buried (b) Date thereof Oct. 12 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old St. Peter's Church18. (a) Signature of funeral director Wm C. M... ..(b) Address 1726 Allen Ave19. (a) 10/12/39 (b) James A.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 Gen Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1939 hour 2 minute _____ P. M.21. I hereby certify that I attended the deceased from Sept 22, 1939 to Oct. 6, 1939
that I last saw him alive on Oct. 6, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of the Rectum

Due to _____

Due to _____

Other conditions 4/5
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Jesse S. Sargent (M. D. or other) _____Address Bureau Mo Date signed 10-10-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Benj. C. Dunbar

Licensed Embalmer No. *2272*

P. O. Address. *1826 Allen*

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, above space should be left blank.