

**FILED DEC 17 1946**  
Registration District No. **162**

Primary Registration District No. **5995**

Registrar's No. **45**

1. PLACE OF DEATH:

(a) County **JEFFERSON**  
(b) City or town **IMPERIAL ROCK TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON**  
(c) City or town **IMPERIAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM REICHERT**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **XOCT 29 1870X**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **KIMMSWICK MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER "RETIRED"**  
11. Industry or business " " " "

12. Name **JACOB REICHERT**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **FRED H HEINIGTAC**  
(b) Address **KIMMSWICK MO. P.R. 1**  
17. (a) **BURIAL** (b) Date thereof **DEC 7 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **BURGESS CEMETERY**

18. (a) Signature of funeral director **HEINIGTAC FUNERAL HOME**  
(b) Address **KIMMSWICK MO. P.R. 2**  
19. (a) **DEC 7 1946** (b) **Phil J. Kirk**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **12** day **4**  
year **1946** hour **2** minute **30** M.  
21. I hereby certify that I attended the deceased from **Jan 1**  
**1** 19**46** to **Dec 4** 19**46**  
that I last saw him alive on **12-4** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings: **930**  
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)  
(c) Means of injury **0**  
23. Signature **W. Reich** (M. D. or other) **MD**  
Address **Kimmswick Mo** Date signed **12/4/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-12-46

JAN 22 1948

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 Elmer A. Heligton  
Licensed Embalmer No. 3571  
P. O. Address Winnemuck MA

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, fact should be so stated above.