

No. 2
-12-45
5-17-39
I X47070

FILED NOV 20 1947

Registration District No. 162 Primary Registration District No. 5594

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

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 INF.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS 4 MOS 28 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN REICHERT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife SINGLE 6. (c) Age of husband or wife if alive SINGLE years

7. Birth date of deceased JULY 10 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 3 26 hr. min.

9. Birthplace Hermann 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Jacob Reichert 4

13. Birthplace Hermann 1
(City, town, or county) (State or foreign country)

14. Maiden name Christina Hammer

15. Birthplace Hermann 4
(City, town, or county) (State or foreign country)

16. (a) Informant Burton R. ...

(b) Address St. Joseph's Hill Inf.

17. (a) BURIAL (b) Date thereof Nov. 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CO. ANTONIA MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) Nov 9 47 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Kimmswick
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7
year 1947 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 19 1945 to November 4 1947
that I last saw him alive on November 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to Cerebral - Arterio - Sclerotic Cardio - Vascular disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gmp

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? 0

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

23. Signature Phil J. Kirk (M. D. or other) M. D.

Address 3159 No. DANDEUENTER Date signed 11-17-47

~~Date Filed NOV 19 1947~~

~~District File Number~~

~~District Health Officer (No. 9)~~

RECEIVED

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 Heiligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Himmelsick MD*.....

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.