No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28518

Registrar's No. 2000

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 196 Kingston Drive (If not in hospital or institution, write street number or location)

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

In this community: About 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No.: 196 Kingston Drive (If rural, give location) 0

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

If yes, name country: Switzerland

3. (a) PRINT FULL NAME: OTTO REICHSTADT

3. (b) If veteran, name war: --

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Signle 0

6. (b) Name of husband or wife: --

6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: May (Month) (Day) 1899 (Year)

8. AGE: Years 49 Months 3 Days ? If less than one day hr. min.

9. Birthplace: Olten (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation: Blacksmith by trade

11. Industry or business:

FATHER

12. Name: Mathias Reichstadt

13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name: Bertha Madespacher

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

16. (a) Informant: Arthur and Paul Reichstadt

(b) Address: Little Rock Ark. & Omaha, Nebr.

17. (a) (Burial, cremation, or removal) (b) Date thereof: 7 19-48 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: St. Louis Anatomical Board

(b) Address: St. Louis, Mo.

19. (a) 8/23/48 (Date received by local registrar) (b) Cecil A. Z. Sharp, M.D. (Registrar's signature) C.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cause unknown	
Due to: 2006	
Due to:	
Other conditions (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? (specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Cecil A. Z. Sharp (M. D.)

Address: Commissioner of Health Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.