

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43274

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1003

State File No.

Registrar's No. 11139

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2189</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>10 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1084 A SOUTH TAYLOR</u>				d. STREET ADDRESS (If rural, give location) <u>1084 A SOUTH TAYLOR</u>			
3. NAME OF DECEASED (Type or Print) <u>RICHARD</u>		a. (First)		b. (Middle) <u>W.</u>		c. (Last) <u>REICHARD</u>	
4. DATE OF DEATH <u>DEC-15-1951</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG-7-1871</u>		9. AGE (In years last birthday) <u>80</u>		Months <u>4</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPTOMETRIST</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>WASHINGTON-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>ROBERT REICHARD</u>		13b. MOTHER'S MAIDEN NAME <u>ELSIE WARNER</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUSTA REICHARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-17-6606</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Augusta Reichard</u> ADDRESS <u>1084 A South Taylor</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u>Generalized Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>5-10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>2 Nov</u> , 1951, to <u>15-Dec</u> , 1951, that I last saw the deceased alive on <u>4 Aug</u> , 1951, and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos W Bellantoni MD</u>		23b. ADDRESS <u>4501 9 Manchester</u>		23c. DATE SIGNED <u>17-Dec-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARTHASVILLE-MO</u>	
DATE REC'D BY LOCAL REG. <u>DEC 17 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Tanner</u>		ADDRESS <u>619 1/2 Natural Bridge</u>	

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

12-18-51

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. *4198*

P. O. Address.....

St. Louis MO

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.