THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3192

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0839

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
d. STREET ADDRESS (If rural, give location): 16 3401 Arsenal St. 2169

3. NAME OF DECEASED (Type or Print): a. (First) Sister Mary Aquina b. (Middle) c. (Last) Reichardt

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1954.

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 7, 1879

9. AGE (In years last birthday): 74 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious Sister

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman P. Reichardt

13b. MOTHER'S MAIDEN NAME: Charlotte Heidorn

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mother Mary Berkman ADDRESS: 3401 Arsenal St.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro Intestinal Hemorrhage

19a. DATE OF OPERATION: 1/19/54

19b. MAJOR FINDINGS OF OPERATION: Intestinal intussusception

20. AUTOPSY? YES ☐ NO ☒

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): 570.0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1954, *to* Jan 24th, 1954, *that I last saw the deceased alive on* Jan 23, 1954 *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Pierce W. Powers (Degree or title) MD

23b. ADDRESS: 634 No. Grand

23c. DATE SIGNED: 1/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 28, 1954

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): O'Fallon, Missouri.

DATE REC'D BY LOCAL REG.: JAN 26 1954

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Gebken-Benz Mortuary ADDRESS: 2842 Meramec St. St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4248

P. O. Address 2842 Meramec St, St. Louis, 18, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.