No. 300
10-48

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17275

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4247

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN ST LOUIS (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3425 OSAGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY —
c. CITY OR TOWN ST LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3425 OSAGE 2169

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) JOSEPHINE c. (Last) REICHERT

4. DATE OF DEATH (Month) (Day) (Year) 5-9-1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 3-8-1887
9. AGE (In years last birthday) 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) ENGLAND
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ADOLPH REICHERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Adolph Reichert **ADDRESS** St Louis Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH 9 mos

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 174X

22. *I hereby certify that I attended the deceased from* Aug 8, 1953, *to* May 9, 1954, *that I last saw the deceased alive on* May 9, 1954, *and that death occurred at* 12:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE William A. Turner (Degree or title) MD
23b. ADDRESS 16 Hampton Village Plaza
23c. DATE SIGNED May 10, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5/12/54
24c. NAME OF CEMETERY OR CREMATORY WALNUT HILL
24d. LOCATION (City, town, or county) BELLEVILLE (State) ILLINOIS

DATE REC'D BY LOCAL REG. MAY 11 1954
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Geo. Renner **ADDRESS** Belleville Ills.
(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 emb

by me, or by .....NOT EMBALMED....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Geo Renner.....

Licensed Embalmer No. 231

P. O. Address BELLEVILL

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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