

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22077**  
Registrar's No. **5931**

FILED JUN 29 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5931**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>House Springs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 week</b>		e. STREET ADDRESS (If rural, give location) <b>Rt. 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4410 Taft Ave</b>		f. ADDRESS <b>0500 /</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>R. Reichert</b> c. (Last)		4. DATE OF DEATH <b>June 20 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 16 1893</b>
9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Crane Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Charles Reichert</b>	13b. MOTHER'S MAIDEN NAME <b>Madeline Kleinhaus</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Reichert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-07-3469</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna Reichert</b> ADDRESS <b>House Springs Mo</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>1 1/2</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterio Sclerosis Heart disease</b>		<b>3 months</b>	
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 <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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) <b>Mo</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-27</b> , 19 <b>56</b> , to <b>6-20</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-19</b> , 19 <b>56</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W J Roman</b>	23b. ADDRESS (Mo) <b>7105 Harris</b>	23c. DATE SIGNED <b>6-21-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/25/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
DATE REC'D BY LOCAL REG. <b>JUN 22 1956</b>	REGISTRAR'S SIGNATURE <b>J. L. Ziegenhein</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.L. Ziegenhein &amp; Sons 7027 Gravois</b>	

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

Student.....  
Signature of Student Embalmer

Signed.....  
*Donald E Beniz* 4863

Licensed Embalmer No. ~~7027~~  
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P. O. Address *7027 Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.