MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓ Do not use this space.

File No. 40902
Registered No. 11548

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis. (No. Home for the Aged. St. ..... Ward)

2. FULL NAME Ferdinand Reichmann.

(a) Residence. No. 3400 S. Grand Blvd. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Reichmann.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1846.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	1	23.	

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Freight-handler.
(b) General nature of industry, business, or establishment in which employed (or employer) Lemp Brewery.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Fred Reichmann
(Address) 3642 California Ave.

15. DEC -9 1930 FILED, 19..... Lee C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12/9

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 9:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia 9:50 A.M.
17

..... (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arteio Sclerosis
..... (duration) ..... yrs. ..... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED? Total
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr Green, M. D.
Dec 9, 1930 (Address) 3165 S Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery — DATE OF BURIAL Dec. 11, 1930.

20. UNDERTAKER H. Gebken L. & U. Co. — ADDRESS 2842 Meramec.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.