

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1005**

City **St Louis** (No. **Lutheran Hospital**)

29672

File No.

Registered No. **8703**

St. Ward)

2. FULL NAME

(a) Residence. No. **4922 Lorette** St., **2** Ward.

(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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chas Reichard**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 18th 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 **5** **23**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **At Home**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Missouri**

10. NAME OF FATHER **Hy Tiedemann**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Not Known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Harry C Reichard**
(Address) **4922 Lorette Ave**

15. FILED **10 21 MAY 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 11 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 8th 1931** to **Aug 11th 1931**, that I last saw him alive on **Aug 11th 1931**, and that death occurred, on the date stated above, at **9:45 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinomatosis with obstruction at hepatic Flexure. Primary seat in Liver. Probably (duration) 2 yrs. mos. ds. Obstruction of Hepatic Flexure of Colon (SECONDARY) (duration) 4 1/2 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: **1405**
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Aug 11th 1931**
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Exploratory Operation**
(Signed) **J. H. Erdul** M. D.
8/12 1931 (Address) **2905 Cherokee St.**

*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 **Sunset Burial Park** DATE OF BURIAL **Aug 14 1931**

20. UNDERTAKER **John L Zugunheim** ADDRESS **Lafayette**

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

