

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

Do not use this space.

6144

**1. PLACE OF DEATH**

County ..... Registration District No. 78  
 Township ..... 1002  
 City St. Louis (No. 5889 Jerry ave)  
 Primary Registration District No. ....

File No. ....  
 Registered No. 1166  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel E. Reichwald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1874</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>4</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Office Retired</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 2</u>		
13. NAME <u>Henry G. Reichwald</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 101</u>		
15. MAIDEN NAME <u>Frances Perkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York 2</u>		
17. INFORMANT <u>Rachel E. Reichwald</u> (ADDRESS) <u>5889 Jerry ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn</u> DATE <u>Feb. 6</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. Hoffmeister, U-2 Co</u> (ADDRESS) <u>7814 S. Broadway</u>		
20. FILED <u>FEB - 4 1932</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased, from September 25, 1929, to death, Feb. 3, 1932

I last saw him alive on January 6, 1932 Death is said

to have occurred on the date stated above, at 3:55 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic valvular disease of heart (aortic incompetency) Date of onset 1929

Other contributory causes of importance:

Chronic Hypertension 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Chloral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edwin Santel M. D.

(Address) 1331 No. 7th St.

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.

331 No 9<sup>th</sup> St

Ex. 21 2,

450 1<sup>st</sup> St

133 1<sup>st</sup>

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