

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

Do not use this space.

17699

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 2811 Selana St. St. Ward)

File No.
Registered No. 4650
St. Ward)

2. FULL NAME Emma Francis Reichenbacher

(a) Residence, No. 2811 Selana St. St. 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Reichenbacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st. 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. yes
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) Washington Mo.

FATHER 13. NAME Chas. Hahn

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

MOTHER 15. MAIDEN NAME Mary Apolonzig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) M. F. Reichenbacher, 2811 Selana St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Ch. Yd. DATE May 13th. 1932

19. UNDERTAKER (ADDRESS) M. Schumacher, 3813 Meramec St.

20. FILED MAY 12 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10. 1929 to 5-10-1932
First saw her alive on May 9. 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 3/15/32

Other contributory causes of importance:
Chronic Phlebitis
Coronary Sclerosis

Name of operation None Date of None
What test confirmed diagnosis? None 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) M. D.
(Address) 3844

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.

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