

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

Do not use this space.

42564

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
 Township **St Louis** Primary Registration District No. **1003**  
 City **St Louis** (No. **4111A**, **Hartford St.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **11706**

**2. FULL NAME** **John X. Reichman**

(a) Residence, No. **4111A**, **Hartford 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** **Male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** **(write the word)** **Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF** **Frances Reichman**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **March 7, 1859**

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<b>73</b>	<b>9</b>	<b>20</b>	

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** **Salesman**

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** **Toys**

**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)** **Trenton, N.J.**

**13. NAME** **Joseph Reichman**

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

**15. MAIDEN NAME** **Barbara Reichold**

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Germany**

**17. INFORMANT (ADDRESS)** **Frances Reichman**  
**4111A Hartford St.**

**18. BURIAL, CREMATION, OR REMOVAL**  
**PLACE** **Calvary Cem** **DATE** **12-30** **19** **32**

**19. UNDERTAKER (ADDRESS)** **Miguel Santos Mortuaries**  
**4228 St. Louis Ave**

**20. FILED** **EC 29 1932** **19** **St. Louis** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **12-27** **19** **32**

**22. I HEREBY CERTIFY, That I attended deceased from** **Nov 18** **19** **32**, **to** **Dec 27** **19** **32**

**I last saw him alive on** **Dec 27** **19** **32** **Death is said to have occurred on the date stated above, at** **7:45** **a.m.**

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

**Chronic Endocarditis**  
**131**  
**92A / 10 / 10**  
**Other contributory causes of importance:**  
**Chronic Interstitial Nephritis**

**Name of operation** \_\_\_\_\_ **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** \_\_\_\_\_ **Was there an autopsy?** \_\_\_\_\_

**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)** **Richard W. Tullman** **M. D.**  
**(Address)** **4647 S. Grand Boulevard**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ms. B. 1. 1.

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