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

Do not use this space.

24363

File No. .....
Registered No. 249

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City Jefferson Barracks, Mo. No. ....., ... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248

2. FULL NAME REICHENBERGER George

(a) Residence, No. Box 390, R #15, Chambers St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Road, St. Louis, Mo.

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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-89

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	4	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Screw and Bolt Co.

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation Ap. 6yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Unavail.

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

MOTHER

15. MAIDEN NAME Unavail.

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

17. INFORMANT (ADDRESS) C.H. Smith, Clinical Director

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 1 1933

19. UNDERTAKER Guy Mullen (ADDRESS) St. Louis

20. FILED Aug 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to July 29, 1933
I last saw him alive on July 29, 1933 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	
68	

Other contributory causes of importance:
None

Name of operation None Date of .....
What test confirmed diagnosis? X-ray & laboratory 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? .....
If so, specify .....
(Signed) W. C. Gibson M. D.
(Address) W. C. GIBSON, M.D., Manager

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

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