

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **4514a Fair Avenue**)

File No. **22190**

Registered No. **5942**

St. Ward)

2. FULL NAME

CHRISTINA E. RIECHMAN,

(a) Residence, No. **4514a Fair Avenue** St. **9** 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 **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 **Christ Riechman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 9, 1872**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	65	2	7	

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

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

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) **Oakawville, Ill.**

13. NAME **Henry Jacobs**

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

15. MAIDEN NAME **Dina Temme**

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

17. INFORMANT **Christ Riechman**
(ADDRESS) **4514a Fair Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **June 19, 1937**

19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILED **JUN 18 1937** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 17, 1937**, to **June 16, 1937**
I last saw her alive on **June 16, 1937** Death is said to have occurred on the date stated above, at **6:55 P. M.**

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

Nephritis - acute tubular Date of onset **May 20 1937**

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Other contributory causes of importance: **Pneumonia (lobar)** **May 1 1937**

Name of operation **none** Date of.....
What test confirmed diagnosis?..... 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. E. Jones** M. D.
(Address) **4508 Olive 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.

