96 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis 2 Registration District No. 784 File No. 24806
Township St. Ferdinand Primary Registration District No. 6030 Registered No. 115
City Spanish Lake, Mo. St. Ward)

2. FULL NAME Barbara Reichenberger
(a) Residence, No. Spanish Lake, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10th, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	8	29	

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

FATHER
13. NAME John Heimann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Herman Maune 3515 A Paris Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 11th, 1937

19. UNDERTAKER (ADDRESS) Kraeger-Von-Fox, Inc. 3402 N. Kinghsighway

20. FILED 6/11, 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to June 9, 1937
I last saw her alive on June 8, 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (apoplexy) left side — Date of onset June 4 1937
59
Other contributory causes of importance: Diabetes Mellitus — 1931 Oct.

Name of operation Date of
What test confirmed diagnosis? clr 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) Herman L. Waitner, M. D.
(Address) 2728 N. 11. St

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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