

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

Do not use this space.

OCT 26 1937

35287

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No. 3t. Louis County Hospital)

Registration District No. 790
Primary Registration District No. 60339

File No. _____
Registered No. 321 Ward _____

2. FULL NAME

Riechmann, Fred

(a) Residence, No. Scheutz & Lindberg, Creve Coeur St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 17

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

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) Illinois

13. NAME Henry Riechmann

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

15. MAIDEN NAME Charlotte Koeling

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

17. INFORMANT Friend, Fred Graeler (ADDRESS) Name as above

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery DATE September 11, 1937

19. UNDERTAKER Geo. L. Plestach Inc. (ADDRESS) 5966 Eastern Ave.

20. FILED 9/14 1937 Dr. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-11-37, 1937, to 9-8-37, 1937

I last saw him alive on 9-8-37, 1937. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

See Certification Date of onset 8/30

Other contributory causes of importance: Coronary Thrombosis 1936

Name of operation Cholecystomy Date of 8/27/37
What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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? Yes
If so, specify _____

(Signed) Geo. L. Plestach, M. D. (Address) St. Louis County Hospital

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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