

JAN 25 1939

36 1939  
FEB 6 1939

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

3775  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 161 Registered No. 147  
 (c) City Clayton or (d) Street No. St. Louis County Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Reichelt  
 (a) Residence, No. 2544 Avis, Jennings, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1877

|              |          |           |                                  |
|--------------|----------|-----------|----------------------------------|
| 7. AGE YEARS | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
| <u>61</u>    | <u>9</u> | <u>17</u> |                                  |

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

9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

FATHER  
 13. NAME Clemmons Hoppe  
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

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

17. INFORMANT daughter, Clara Melvin (ADDRESS) 2544 Avis, Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE riedens Cem DATE 1-26-1939

19. FUNERAL DIRECTOR (NAME) W. H. Hermann & Son (ADDRESS) 2161 East Fair

20. FILED JAN 25 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/3/39, 19 to 1/23/39, 19  
 I last saw her alive on 1/23/39, 19. Death is said to have occurred on the date stated above, at 5:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Adrenal Insufficiency (Addison's Disease)  
 Date of onset 1937

Other contributory causes of importance:

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?  
 If so, specify (Signed) James David, M. D.  
J. R. Meyer (Address) 707

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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**