

FEB

4 1939

REC'D FEB 7 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3910
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
 (b) Township VELDA VILLAGE Primary Registration District No. 200 Registered No. 210
 (c) City ST. LOUIS or (d) Street No. 6914 NORMANDALE DR. St.
 (II 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 29 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

LEONORA REICHERT

(a) Residence, No. 6914 NORMANDALE DRIVE St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 13, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Sept. 25, 1939
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TRENTON, ILL.

FATHER 13. NAME GERHARD J. GEERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AVISTON, ILL.

MOTHER 15. MAIDEN NAME ANNA K. STOFF,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AVISTON ILL.

17. INFORMANT (ADDRESS) Lawrence Reichert
6914 Normandale Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE 2/6/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) OSCAR J. HOPFWEISTER
4016 Chippewa St.

20. FILED FEB 4 1939 J. V. Meyer, Registrar (Address) 3126 N. Grand

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1938, to 2-2, 1939

I last saw him alive on 1-31, 1939 Death is said to have occurred on the date stated above, at 10:55 p.m.

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

Carcinoma of Stomach Date of onset 9/22/38
46
 Other contributory causes of importance:
Generalized Carcinomatosis especially to Liver 10/20/38

Name of operation Post. Gastroenterostomy Date of 9/28/38
 What test confirmed diagnosis? operation 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) Nubert S. Pruell, M. D.

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin F. Larkin

Licensed Embalmer No. 4048

P. O. Address 4016 Chippewa

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.