

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

35555
Do not use this space.

1. PLACE OF DEATH *Moniteau*

(a) County *Moniteau* Registration District No. *576*

(b) Township *Harrison* Primary Registration District No. *5710*

(c) City *High Point* (d) Street No. *1*

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Mrs. Elizabeth Reichel*

(a) Residence, No. *High Point, Moniteau Co.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Christopher Reichel*

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

7. AGE YEARS *75* MONTHS *8* DAYS *2* If LESS than 1 day, hrs. or min.

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

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) (STATE OR COUNTRY) *Cole Co Mo*

FATHER 13. NAME *Mitchell James*

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

MOTHER 15. MAIDEN NAME *Margaret Glenn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Co Mo*

17. INFORMANT (ADDRESS) *Mary Miller High Point Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Point* DATE *11/11* 19*41*

19. FUNERAL DIRECTOR (NAME AND ADDRESS) *William F. Fredmeyer California Mo*

20. FILED 19 *11* *Margaret Martin* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 9* 19*41*

22. I HEREBY CERTIFY that I attended deceased from *Oct. 27* 19*41*, to *Nov. 9* 19*41*. I last saw her alive on *Nov. 9* 19*41*. Death is said to have occurred on the date stated above, *2:30* p.m. The principal cause of death and related causes of importance were as follows:

Cardiarteritis with gangrene of lower third of right leg and foot

Other contributory causes of importance:

99; 2

Date of onset *Oct. 25* 19*41*

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) *Walter L. Deelie*, M. D. (Address) *Russellville Mo*

WHITE 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.

1 X18605

NOV 26 1944

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..... *H. E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California Mo*

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.