

No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4120**
Registrar's No. **258**

FILED FEB 5 1946
317

Registration District No. **6076**
Primary Registration District No. **6076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2169

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6216 Plymouth Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME: Emilie Riechman.
 3. (b) If veteran, name war: No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Bernard Riechman
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Sept. 3, 1876.
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 69 | 4 | 27 | hr. _____ min. |

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____
MOTHER {
 12. Name E. Bergmeyer
 13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Freeman
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Eunice Riechman
 (b) Address 6216 Plymouth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2/46.
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiament Ave.

19. (a) 2-1-46 (Date received local registrar) (b) Edm. S. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State No. (b) County St. Louis
 (c) City or town Wellston
(If outside city or town limits, write "RURAL")
 (d) Street No. 6216 Plymouth Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 30
 year 1946 hour 7.15 minute A.M.
 21. I hereby certify that I attended the deceased from July - 1st 1945 to Jan 30 - 1946
 that I last saw her alive on Jan 29 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma
 Due to _____
 Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 -Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. Roy ... M. D.
 Address 201 2nd ... Date signed 1/31/46

Dr. Roy Compton
6122 1/2 Page Blvd.,

Q.A. 1010

3 PM

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..... *Alfred J. Boedeker*
Licensed Embalmer No. 2663
P. O. Address..... 1125 Hodiament Ave.,

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, fact should be so stated above.