

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

11570

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

State File No. _____
Registrar's No. **2839**

FILED MAR 30 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5536 Oriole 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5536 Oriole
(If rural, give location) 17
(e) Citizen of foreign country? _____ (Yes or No) 07
If yes, name country _____

3. (a) PRINT FULL NAME Adam C. Reichhold

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Reichhold nee Plappert 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 28, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER, FATHER { 12. Name Peter Reichhold

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Seiber

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Reichhold

(b) Address 5536 Oriole Ave

17. (a) Burial (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) 2161 East Fair Ave
MAR 26 1946 (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1946 hour 7:20 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1
1945 to Mar 25 1946
that I last saw him alive on Mar 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart disease
Due to _____

Other conditions General hypertension
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

Of autopsy _____
PHYSICIAN [Signature]
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature RR Merow (M. D. or other) MD
Address 5330 Geraldine Date signed 3/25/46

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

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

Gustav W. Schultz

Licensed Embalmer No. *4329*

P. O. Address *St Louis 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, fact should be so stated above.