V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19286

FILED JUN 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5604

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 day's (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2528W St. Louis Ave. 9
(If rural, give location)

Memorial 20

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED RIECHERS.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mamie Riechers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 2, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name John Philip Riechers
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Baker
15. Birthplace Cinn. Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Riechers
(b) Address 3225 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.

19. (a) JUN 6 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1947 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from 6/2/47 3, 19, to June 5th, 1947
that I last saw him alive on June 5th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Organic heart disease, type undetermined

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other) M.D.

Address 1515 Lafayette Date signed 6/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadigwell

Licensed Embalmer No. 4077

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, fact should be so stated above.