

National Office of Vital Statistics

FILED JAN 30 1948

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: 4816 Maffitt 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..... Marie Riechmann

3. (b) If veteran,

name war.....

3. (c) Social Security No.

5. Color or race.....
4. Sex female..... race white.....
6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Charles Riechmann
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... December 6th 1901
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

46116

hr.

min.

9. Birthplace..... Lincoln County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Hayden Briscoe
13. Birthplace..... Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name..... Allie Broyles
15. Birthplace..... Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Chas. Riechmann- Husband
- (b) Address..... 4816 Maffitt Avenue.
17. (a)..... burial..... (b) Date thereof..... 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation..... Int. Calvary Cemetery

18. (a) Signature of funeral director..... Sullivan Brothers.
- (b) Address..... 2849 North Euclid Avenue.
19. (a)..... JAN 23 1948 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri..... (b) County..... and
- (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 6..... 4816 Maffitt Avenue.
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January..... day 22nd.....
year..... 1948..... hour..... 4:10 A.M...... minute..... M.21. I hereby certify that I attended the deceased from January
....., 19 48.....
that I last saw h..... alive on Jan. 22..... 19 48.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

coronary occlusion
due to
coronary vessel
thrombus
due to
coronary disease 7-34/48Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?..... (Specify type of place)
- Means of injury.....

23. Signature..... J. F. Briscoe
Address..... 4901a Easton.....

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

Mr. Louis Rosell

Euclid + Easton

No. 3921

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Robert L. Dukman

Licensed Embalmer No. 3553

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.