

No. 2  
-1/47  
5-17-39

FILED MAR 4 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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

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..... **Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **7 days**  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **Lillie D. Reichwein**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

4. Sex..... **F** / 5. Color or race..... **W**  
 6. (a) Single, widowed, married, divorced..... **widowed**  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **June 18, 1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **5**  
If less than one day  
hr. min.

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

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Wm. Guerke**

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

14. Maiden name..... **Margaret Hoffmann**

15. Birthplace..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Wm. Reichwein**  
 (b) Address..... **4561 Davison Ave.**

17. (a) **Burial** (b) Date thereof..... **2/25/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **New St. Marcus Cem.**

18. (a) Signature of funeral director..... **Wm. Schumacher**  
 (b) Address..... **3013 Meramec St.**

19. (a) **FEB 24 1948** (b) **J. F. Buresch**  
(Date received local registrar) (Registrar's signature)

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..... **4561 Davison Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb** day..... **23**  
 year..... **1948** hour..... **5** minute..... **7** M.

21. I hereby certify that I attended the deceased from..... **1-31-48**, 19**48**, to..... **2-23-48**, 19**48**  
 that I last saw her alive on..... **2-23-48**, 19**48**  
 and that death occurred on the date and hour stated above.  
 Duration

Inmediate cause of death..... **Coronary Thrombosis** **1 wk.**

Due to..... **Hypertensive Cardiovascular disease** **2 yrs.**

Due to..... **Senile dementia** **3 mo.**

Other conditions..... **None**  
(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?..... (e) Means of injury..... **PI**

23. Signature..... **E. A. Vogell** (M. D. or other)  
 Address..... **3325 S Grand** Date signed..... **2/23/48**

*ml*

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 *Francis Williamson*  
Licensed Embalmer No. *3565*  
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.