S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2278

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 6432 Gravois 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 Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 757 N. 79th
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Riechmann
3. (b) If veteran, name war Spaish American
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 7, (Day) 1882 (Year)

8. AGE: Years 65 Months 11 Days 27 If less than one day hr. min.

9. Birthplace East St. Louis, Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Grocer
11. Industry or business

MOTHER FATHER
12. Name Louis Riechmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Guenther
15. Birthplace East St. Louis Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis, Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill
18. (a) Signature of funeral director Chas M. Burke
(b) Address East St. Louis, Ill
19. (a) MAR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis
Due to
Due to 9 yr
Other 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? (e) Means of injury
23. Signature Alfred Penny (M. D. or other)
Address Cpl. Louis Brown Date signed 3/5/48

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

**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.**