FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31375

Registrar's No. 8076

WRITE PLAINLY—USE 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: Alexian Bros Hosp. (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 Mo. (b) County 000

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

(d) Street No. 2927 Michigan (If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME S. Anthony Reichmuth

3. (b) If veteran, name war no

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 Beatrice Reichmuth

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. 5 1901 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Jeweler

11. Industry or business

FATHER
12. Name Anton Reichmuth
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Heinzer
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Reichmuth

(b) Address 2927 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk.

18. (a) Signature of funeral director Witt Bros. L & N Co.

(b) Address 2929 S. Jefferson Av.

19. (a) SEP 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 14, 1948, to Sept. 14, 1948, that I last saw him alive on Sept. 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephrosis, acute	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. R. Wilucki (M. D. or other) MA

Address 8301 Gravois Date signed 9-14-48

(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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.