

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40635  
Registrar's No. 10240

318

1003

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE _____ b. COUNTY _____   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |  | 2169  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of Poor</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>16 8400 South Grand Blvd.</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Emma</u>  |  | a. (First) _____   |  | b. (Middle) _____   |  | c. (Last) <u>Reichmann</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov 6, 1952</u>   |  | 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>            |  |
| 8. DATE OF BIRTH <u>Nov 6, 1875</u>   |  | 9. AGE (in years) (last birthday) <u>76</u>  |  | 10. MONTHS <u>76</u>  |  | 11. HOURS <u>76</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? _____  |  |
| 13a. FATHER'S NAME<br><u>John Bessler</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Schafer</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Late Frank Reichmann</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____  |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Louis G. Bessler, 6975 Delmar Blvd</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized Atherosclerosis</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>yes</u><br><u>yes</u>                        |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St Louis, Mo</u>  |  | 21f. HOW DID INJURY OCCUR<br><u>4200</u>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>52</u> , to <u>Nov 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 5</u> , 19 <u>52</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>R. H. ... M.D.</u>   |  | 22b. ADDRESS<br><u>539 N. Grand</u>  |  | 22c. DATE SIGNED<br><u>11/6/52</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>Nov. 8, 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>       |  |
| DATE REC'D BY LOCAL REG.<br><u>NOV 7 1952</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. Carl ... M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Leidner, Und. Co., 2223 St. Louis A</u>  |  |   |  |

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Berry G. Jones

Licensed Embalmer No. 4366

P. O. Address James St

**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.