

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7145

BIRTH NO. ....

REG. DIST. NO. 312

PRIMARY REG. DIST. NO. 500

Registrar's No. 76

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY [REDACTED]			
b. CITY (If outside corporate limits, write RURAL and give town or township) Nomandy		c. LENGTH OF STAY (in this place) 9 min		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 43 Normandy Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) 16 4232 Juniata			
3. NAME OF DECEASED (Type or Print) Nellie		a. (First)		b. (Middle)		c. (Last) Riechmann	
4. DATE OF DEATH Jan. 9 1957		4. DATE (Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 13 1880		9. AGE (In years) last birthday 76		IF UNDER 1 YEAR Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Kelly		13b. MOTHER'S MAIDEN NAME Mary Lynch		14. NAME OF HUSBAND OR WIFE Charles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. H. Riechmann			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH None ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Hypertensive heart disease				INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs ref - 1/10/57	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 443X 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from [REDACTED] 19 49 Jan 9, 1957, that I last saw the deceased alive on Jan 9, 1957, and that death occurred at 11:30 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. H. Riechmann				23b. ADDRESS 4718 Junipero		23c. DATE SIGNED 1/10/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-57		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 1-11-57		REGISTRAR'S SIGNATURE Herbert H. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's Funeral Home - St. Louis			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert Mayfield*.....  
Licensed Embalmer No. 38

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.