

Health & Welfare
Public Service

FILED JAN 7 1958

STANDARD CERTIFICATE OF DEATH

46620
STATE FILE NUMBER
541 Registrar's No. 3180

Registration District No. 311 Primary Registration District No.

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN GLENDALE 4656		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSP. 2200			Length of stay in 1b		STREET ADDRESS (If outside, give location) 816 BROWNELL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Harry Middle L Last Reichmann				4. DATE OF DEATH Month 12 Day 14 Year 57											
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 19 1877		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OFFICE CLERK				10b. KIND OF BUSINESS OR INDUSTRY MAULL GROCERY		11. BIRTHPLACE (City and state or country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U-S-A					
13. FATHER'S NAME HARRY REICHMANN						14. MOTHER'S MAIDEN NAME UNKNOWN									
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 CAROLINE REICHMANN		Address 816 BROWNELL							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Vascular accident												INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized Arteriosclerosis												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.															
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from 11-27-57 to 12-14-57 and last saw her alive on 12-14-57 Death occurred at 6:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Robert J. Jones MD						22b. ADDRESS 6015 So. Brentwood				22c. DATE SIGNED 12-14-57					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE Dec 17, 1957		23c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS Cem				23d. LOCATION (City, town, or county) (State) ST. LOUIS Co, Mo						
24. FUNERAL DIRECTOR Thomas Kute ADDRESS 2906 Grand					25. DATE RECD. BY LOCAL REG. 12-16-57			26. REGISTRAR'S SIGNATURE Herbert R. Donke MD							

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo J. Bull*.....
Licensed Embalmer No. *39*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.