MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4359

File No. 989

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3320 St Vincent St. ..... Ward)

2. FULL NAME Anna Marie Reichel

(a) Residence. No. 3320 St Vincent St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George L. Reichel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13-1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	8	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Nat Peters

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gy GERMANY
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Roth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT George L. Reichel
(Address) 3320 St Vincent

15. FILED ..... 19..... Verg E Haskell
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-15 1929, to 1-18 1929, that I last saw h. alive on 1-18 1929, and that death occurred, on the date stated above, at 8.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma
131
935
1328 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
Chronic myocarditis (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C S Mayfield, M. D
1-19, 1929 (Address) 2278 S Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS Peter + Paul — DATE OF BURIAL 1-21 1929

20. UNDERTAKER Weick Bros 2201 — ADDRESS So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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