DEC 27 1934 Original

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township St Francois
City near Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 44216
Registered No. 172

2. FULL NAME David Reichman
(a) Residence, No. 6160 Washington St., St. Louis Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Reichman ~~Unknown~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1870

7. AGE YEARS ~~63~~ 64 MONTHS ~~2~~ 5 DAYS ~~3~~ 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Faila Cinema
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME ~~Unknown~~ Isaiah Reichman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Hospital Records & L. B. Reichman State Hosp. #4 - Farmington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Chesed Shel Emeth DATE 12-23 1934

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson, St Louis Mo.

20. FILED Dec 20 1934 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1934 to 12-19, 1934
I last saw him alive on 12-19, 1934. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane (Paresis)

Date of onset

Other contributory causes of importance:
Arterio-Sclerotic Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. J. Tate, M. D.
(Address) Hosp. #4 Farmington Mo.

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Township

City No. St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.

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)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work

9. Industry or business in which work was done

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

14. NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

16. MAIDEN NAME

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

18. INFORMANT (Address)

19. BURIAL, CREMATION, OR REMOVAL

Place Date

20. UNDERTAKER (Address)

21. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19

I last saw h alive on 19

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No. 44216
Township — Primary Registration District No. 6018 H — Registered No. 172
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME David Reichmon

(a) Residence, No. ..... St., ... 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)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19

19. UNDERTAKER (ADDRESS)

20. FILED Apl 4, 1935 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19, to ....., 19.
I last saw h. alive on ....., 19. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane (Paresis) which is always of Syphilitic origin	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

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