

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County St. Louis
 Township _____
 City _____ (No. 4868 Oldenburg)

Registration District No. 1123
 Primary Registration District No. 6-248 G

File No. 17635
 Registered No. 150
 St. _____ Ward _____

2. FULL NAME Selma C. Reichenbach

(a) Residence, No. 4868 Oldenburg St. _____ Ward _____
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 25 1937, to April 2 1937

I last saw her alive on April 2 1937. Death is said to have occurred on the date stated above, at 7:45 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1859

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

7. AGE YEARS 77 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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 _____

Acute Rheumatic Fever

Date of onset March 20

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

50
Acute Endocarditis

March 27

13. NAME Henry Siegel

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mathilda Price (ADDRESS) 4868 Oldenburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugnset B. Pk. DATE April 5, 1937

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Avenue.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Adam Alfoungman, M. D.
 (Address) 5439 Gravois

20. FILED 4-5 1937 A. Moury Registrar.

- Enter in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

