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.

REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

96

County Saint Louis 3 1 Registration District No. 784 File No. 12155

Township Carondelet Primary Registration District No. 200 Registered No. 463

City ~~Jefferson Barracks~~ (No. VETERANS FACILITY St. Ward)

2. FULL NAME Bernard Leo Rietschlin (Barney Richlin) 324

(a) Residence, No. Route #1, Marquand, Mo. St., Ward. Box #2.
(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	2	14	

OCCUPATION

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

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) Saint Louis, Missouri. 0

FATHER

13. NAME Not known 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9

MOTHER

15. MAIDEN NAME Josephine ???

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri. [signature]

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE March 14, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED 3-12 1938 T. R. Meyer M. D. Dr. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938 to March 11, 1938.
I last saw him alive on March 11, 1938 Death is said to have occurred on the date stated above, at 7:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Cerebral Hemorrhage with hemiplegia, right.	Unkn.
Other contributory causes of importance: Lobar Pneumonia, right lung.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Physical, clinical and autopsy Was there an autopsy? YES

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 C W Hughes
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.