

REC'D MAY 10 1938

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

13253
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo. (d) Street No. Enroute Lutheran Hospital
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hildegard Riechmann 25⁶
(a) Residence, No. 6533 Arsenal Street. St. 3 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th, 1935
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 5 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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) St. Louis, Mo.

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

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

17. INFORMANT (ADDRESS) Mr. August Riechmann
6533 Arsenal Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Apr. 28, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robt. Leidner M. Co.
1417 N. Market St.

20. FILE NO. APR 26 1938
J. P. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death in said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:
Internal Haemorrhage from ruptured liver, spleen and right lung, suffered when struck by Chevrolet Coach driven by one, John Preuss, on parking grounds of German Sports Club on Highway 61 and Meramec River about 5:00 P.M., April 24, 1938. Accident

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? accident Date of injury 4/24, 1938
Where did injury occur? St. Louis County
(Specify city or town, county, and State)

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

Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Joseph W. Quinn
(address) Quinn

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1678

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.