REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 21379
Township Washington — Primary Registration District No. 1001 — Registered No. 637
City Saint Joseph (No. Saint Joseph Hospital St. Ward)

2. FULL NAME John Frederick Reichen 250
(a) Residence, No. 1517 St. Joseph Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. 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 --Mrs. Anna Reichen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1869

7. AGE: YEARS 69 — MONTHS 0 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph Police Dept.
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 43yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland

FATHER
13. NAME John Frederick Reichen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

MOTHER
15. MAIDEN NAME Suzana Mosen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

17. INFORMANT (ADDRESS) Walter A. Reichen, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland cemetery DATE June 20, 1938

19. UNDERTAKER (ADDRESS) E.R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 6/18 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 17, 1938
I last saw him alive on June 17, 1938. Death is said to have occurred on the date stated above, at 10:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with Arenia	1938 6/14/38
121	
Other contributory causes of importance: Mitral Stenosis of Heart	1920
Arterio Sclerosis general	

Name of operation none Date of
What test confirmed diagnosis? Phys Exp + Job Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M. D.
(Address) 825 Charles St Joseph 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.