

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

37447
Do not use this space.

DEC 12 1938

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1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Lutheran Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 246 Virginia Marie Reichle

(a) Residence, No. 4530 Tennessee Ave St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) March 11 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
 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) St. Louis
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Paul Reichle
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lena Tuhro
 16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

17. INFORMANT Paul Reichle
 (ADDRESS) 4530 Tennessee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Park DATE Nov 12 38

19. FUNERAL DIRECTOR Schumacher Und Co.
 (ADDRESS) 3015 Meramec St.

20. FILED NOV 12 1938 W. J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11 - 2, 1938, to 11 - 9, 1938.

I last saw her alive on 11 - 9, 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia
Bacteremia (Staphylococcus aureus)
 Date of onset 11/7/38
11/8/38

Other contributory causes of importance:
Cellulitis face, caused by streptococcus primarily
Chaise by external canal of left ear.
 Name of operation ms Date of 11/7/38
 What test confirmed diagnosis? ms. of findings as 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? No.
 If so, specify _____
 (Signed) W. J. Bredeck, M. D.
 (Address) 3800 S. Broadway

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.

STATEMENT BY LICENSED EMBALMER

I, George J. Duhaime, Licensed Embalmer No. 2906

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____

working under my personal supervision.

Registered Apprentice No. _____

Signed

George J. Duhaime
Licensed Embalmer No. 2906

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.)