

LEVA FEB 24 1939

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

3032
Do not use this space.

1. PLACE OF DEATH

(a) County Marian Registration District No. 547
 (b) Township Massan Primary Registration District No. 9079 Registered No. 19
 (c) City Hannibal Street No. M. Elizabeth Hospital St.
 (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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillip James Reichmann

(a) Residence, No. 3207 Market St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Marie Reichman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1877
 7. AGE YEARS 62 MONTHS — DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
 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) Plutynque, 1 (STATE OR COUNTRY) Iowa

FATHER 13. NAME John Reichmann 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Abel 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT W. J. Reichman (ADDRESS) Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View Cemetery DATE January 12, 1939

19. FUNERAL DIRECTOR Ray P. Schwartz (ADDRESS) Hannibal, Missouri

20. FILED Jan 12, 1939 W. C. Cruser Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 31 1939, to Jan 11 1939.
 That saw him alive on Jan 11 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Diabetes Mellitus
Date of onset
59
Other contributory causes of importance:
Soregure Pt Feat Jan 13

Name of operation none Date of no
 What test confirmed diagnosis? Lab Was there an autopsy? No

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 No
 (Signed) W. C. Cruser, M. D.
 (Address) Hannibal, 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.

STATEMENT BY LICENSED EMBALMER

I, Ray P. Schwartz, Licensed Embalmer No. 1765
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray P. Schwartz
Schwartz L. E.
No. 1765 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray P. Schwartz
Licensed Embalmer No. 1765

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.)