REC'D APR 12 1939

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

791
1003

9046
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City St. Louis
(d) Street No. Mo. Baptist 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No. 2811

2. PRINT FULL NAME 240 Emma Reich
(a) Residence, No. 4057 Hartford St. St. 16
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Reich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1868

7. AGE: Years 71 | Months 1 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Seibert Germany

MOTHER
15. MAIDEN NAME: Mary Frank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Wm. H. Reich 2426 Coleman

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Mar. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED MAR 25 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938, to March 24, 1939
I last saw her alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938

Other contributory causes of importance:

Senility	1938

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) P. S. Heuzel, M. D.
(Address) 462 No Taylor

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

Mo. Baptist Hospital 3-D

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 Stanley M. Archlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.