

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.

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

791
1003
9121
Do not use this space.
2886

APR 12 1939

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No.
(c) City of St. Louis, (d) Street No. 4638 Michigan Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) 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 Wilhelmina Reichert

(a) Residence, No. 4638 Michigan Ave. St. 15 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Reichert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 3 8

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) Troy, Ills.
(STATE OR COUNTRY)

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) Dont Know.
(STATE OR COUNTRY)

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) Dont Know.
(STATE OR COUNTRY)

17. INFORMANT Lena Reichert
(ADDRESS) 4638 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL New SS. Peter & Paul DATE Mar. 28, 1939.

19. FUNERAL DIRECTOR (NAME) J. H. Heekin L & Co.
(ADDRESS) 2842 Meramec St.

20. FILED MAR 27 1939 J. F. Brubaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1939, to 3/25 1939

I last saw her alive on 3/24 1939. Death is said to have occurred on the date stated above, at 8:45 P. M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia following a fall
1866
18
Other contributory causes of importance:
Myocarditis, chronic; epilepsy; Pleurisy; history of a fall; contusion & abrasions over lower back.

Name of operation..... 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? accident Date of injury about 3:20, 1939
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fall
Nature of injury Contusion lower back & l. Hip

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Walter M. Jones, M. D.
(Address) 3400 Meramec

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 Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.
P. O. Address St. Louis, Mo.

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.