

REC'D MAY 10 1939

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

13595  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St Louis / (d) Street No. Seasons 1008 / Registration District No. 791 / Primary Registration District No. 1008 / Registered No. 3937 / 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.

2. PRINT FULL NAME <sup>255</sup> ALEXANDER F. RIECHMANN

(a) Residence, No. 1310 WRIGHT ST. St. 24 / (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 Male / 4. COLOR OR RACE White / 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Minnie Riechmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.  
62 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machine hand  
9. Industry or business in which work was done, as saw mill, bank, etc. Furniture  
10. Date deceased last worked at this occupation (month and year) 7/7/39 11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MoFATHER 13. NAME Wm Riechmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Minnie Riechmann (ADDRESS) 1310 Wright St18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 4/29 193919. FUNERAL DIRECTOR Baumann Bros Inc (ADDRESS) 2504 Woodson Rd Overland20. FILED APR 28 1939 J. B. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4/17/39, 1939, to 4/25, 1939  
I last saw him alive on 4/25, 1939. Death is said

to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Septicemia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Anemia secondary hemorrhage of testis extraction

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was 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) J. D. Stachle, M.D.  
(Address) Clayton, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Oscar F. Mueller*

Licensed Embalmer No. *3039*

**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.)**