

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.

REGISTRATION DISTRICT NO. **1003**

PRIMARY REGISTRATION DISTRICT NO.

REGISTRAR'S NO. **2804**

1. PLACE OF DEATH: **2**
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days) **all his life**

3. (a) PRINT FULL NAME **FREDERICH HERMAN RIECHMANN**
 3. (b) If veteran, name war No. _____
 3. (c) Social Security No. **494-09-9768**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 18, 1875**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	20	hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocery Salesman**

11. Industry or business **L. Moll Co., Ch. 8410**

MOTHER FATHER
 12. Name **Christian Riechmann**
 18. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Annie M. Mester**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Annie Legal**
 (b) Address **3863 West Pine**

17. (a) **Burial** (b) Date thereof **9/11/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Alexander & Sons**
 (b) Address **6175 Delmar Blvd**

19. **SEP 9 1939** (b) **J. F. Bredeck**
Date received by Registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **0**
 (c) City or town **St. Louis** **116**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3738 Connecticut**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **8**
 year **1939** hour **11** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Sept 5**, 19**39** to **Sept 5**, 19**39**;

that I last saw him alive on **Sept 5** and that death occurred on the date and hour stated above.

Immediate cause of death **Embolus** Duration _____

Due to **Thrombosis-Phlebitis veins Rt. leg.**

Other conditions **MI**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature **J. M. M. Caughon** (M. D. or other) _____
 Address **Highland Blvd** Date signed **9-8-39**

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.....

Albert E. White Registered Apprentice No. *209*
working under my personal supervision.

Signed *Jos. E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *6175 Jelma*
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.