

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. 421

Primary Registration District No. 4249

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Festus  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3  
 (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

3. (a) PRINT FULL NAME Helena Reich 247

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Reich 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15 1880  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ste. Genevieve Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Gettinger

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Vallee

15. Birthplace Ste. Genevieve Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. William Reich

(b) Address Festus Missouri

17. (a) Burial (b) Date thereof 10/12/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Missouri

18. (a) Signature of funeral director Director & Undertaker

(b) Address Festus Missouri

19. (a) 10/13/39 (b) J. E. Kuddige M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4173 Junita  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
 year 1939 hour 12 minute 50 M.

21. I hereby certify that I attended the deceased from August 21  
 1938 to Oct 8 1939  
 that I last saw her alive on Oct 8 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - Esophagus with metastasis to liver Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Kuddige M.D. (M. D. or other)

Address Crystal City Mo Date signed Oct 10 1939

**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.....

*H. S. Vinyard*  
.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

*H. S. Vinyard*  
.....

Licensed Embalmer No. *3010*

P. O. Address *Festus 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.**