. No. 2
-4-13-40
5-17-39
CT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31448

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1006

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 Mason Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Mason Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Albert Benjamin Reichmann

3. (b) If veteran, name war none

3. (c) Social Security No. 491-09-91064

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dotty Effie Reichmann

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 13 (Day) 1873 (Year)

8. AGE: Years 67 Months 1 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired, Engineer

11. Industry or business Standard Oil Co.

FATHER
12. Name Frederick Reichmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johnannah H. Vokvitz
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Mary Reichmann
(b) Address 801 Mason Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Plesant Ridge Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) Sept. 13, 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1940 hour 5: 30 minute p M.

21. I hereby certify that I attended the deceased from Sept. 13th, 1940, to ____, 19__; that I last saw h ##### alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to ____

Due to ____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy none

Duration

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

23. Signature B. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg Date signed 9/13/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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, ~~on the~~ Sept. 18.

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

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.