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No. 2  
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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8796

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2206

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(d) Length of stay: In hospital or institution 4 Days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 617  
(d) Street No. 1400 N. Euclid Ave (If rural, give location) 9  
(e) Citizen of foreign country? (Yes or No) 2

3. (a) PRINT FULL NAME Henry Riechmann

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

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

6. (b) Name of husband or wife Hanna Riechmann  
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec., 18 (Month) 1868 (Day) (Year)

8. AGE: Years Months Days If less than one day  
@ 72 hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Retired

12. Name Unknown Riechmann

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hannah Riechmann

(b) Address 1400 N. Euclid Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 10 1941 (Date received by local registrar) J. W. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from March 6, 1941 to March 9, 1941 that I last saw him alive on March 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis  
Arteriosclerosis

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)  
1932

Major findings:  
Of operations  
Of autopsy

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?

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

23. Signature M. M. Karl (M. D. or other) 0  
Address 1515 Lafayette Avenue Date signed 3/10/41

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

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**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 *Warren G. Carve*  
Licensed Embalmer No. *3534*

P. O. Address.....

**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, fact should be so stated above.**