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FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16680

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4222**

1. PLACE OF DEATH:

(a) County

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No. 10
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
1713

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5300 Arsenal St.**
(If rural, give location)

(e) Citizen of foreign country?

If yes, name country **1**

3. (a) PRINT FULL NAME **Sophia Marie Reichholdt**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May**, day **6**
year **1944** hour **6** minute **02 P.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Reichholdt** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: **Febr. 22 1870**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion, Coronary Artery, fracture of right femur**
When dectant fell to the floor

Due to **in her room city Supt. Bureau**
April 28 1944 about 7:30 pm

Due to.....

8. AGE: Years Months Days If less than one day

74 2 14 hr. min.

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

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Frank Bockof**

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

14. Maiden name **Mary Sergel**

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

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **April 28 1944**

(c) Where did injury occur **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? **no** (Specify type of place) (e) Means of injury **Fall**

23. Signature **Alfred Perry** (M.D. or other) Date signed **5/18/44**

16. (a) Informant **Arthur H. Obrock**

(b) Address **8670 Rosalie Ave.**

17. (a) **Burial** (b) Date thereof **5-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **MAY 8 1944** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

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

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

4237

P. O. Address.....

St. Louis

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.