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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED OCT 23 1948**

STANDARD CERTIFICATE OF DEATH

34600  
State File No. \_\_\_\_\_  
Registrar's No. **8752**

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
**St. Louis City Hospital #1**  
(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 **Clara Reichel**  
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 **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 21 1863**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **15**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Austria** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

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

MOTHER FATHER { 12. Name **Christian Reichel**  
13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johanna Schmidt**  
15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Thomas Brady**  
(b) Address **Civil Courts Bldg.**

17. (a) **Burial** (b) Date thereof **10-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Cullinane Bros.**  
(b) Address **3320 N. Kingshighway Blvd.**

19. (a) **OCT 8 1948** (Date received local registrar) **J. B. Lusater** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**  
year **1948** hour **5:45** minute **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.

Immediate cause of death **general Peritonitis following Ruptured appendix**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to **12/1**  
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.

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? \_\_\_\_\_

23. Signature **Patrick E. Taylor** (Specify type of place) **5** (Means of injury) **Dep Car**  
**1300 Clark** (M. D. or other) **10-8-48**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 Fred Frick

Licensed Embalmer No..... 3186

**NOT EMBALMED**

P. O. Address 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, fact should be so stated above.**