S. No. 300
v. 10-48

3

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

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18440

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4677

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2239
d. STREET ADDRESS (If rural, give location): 23 1804 Sidney

3. NAME OF DECEASED (Type or Print)
a. (First): ROMAN
b. (Middle):
c. (Last): REICHMANN

4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 1952

5. SEX: M 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: March 11, 1886

9. AGE (In years last birthday): 66 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cupples Mgf. Co.

11. BIRTHPLACE (State or foreign country): Tennesee

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Henry Reichmann

13b. MOTHER'S MAIDEN NAME: UnKnown

14. NAME OF HUSBAND OR WIFE: Nellie Reichmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 486-16-3438

17. INFORMANT'S SIGNATURE OR NAME: William Reichmann
ADDRESS: 1037 Geyer City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion

DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 648 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-22-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Memphis, Tenn.

DATE REC'D BY LOCAL REG. MAY 20 1952

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin
ADDRESS: F. Home 2301 Lafayette Ave

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette Ga

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.