

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35555
Do not use this space.

1. PLACE OF DEATH *Monitau*
 (a) County *Monitau* Registration District No. *576*
 (b) Township *Harrison* Primary Registration District No. *5710*
 (c) City or *High Point* (d) Street No. *1* St. No. *0*
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Mrs. Elizabeth Reichel*
 (a) Residence, No. *High Point, Monitau Co.* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Christopher Reichel*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-8-2*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 9, 1941*
 22. I HEREBY CERTIFY That I attended deceased from *Oct. 27, 1941, to Nov. 9, 1941*
 I last saw her alive on *Nov. 9, 1941* Death is said to have occurred on the date stated above, *2:30 p.m.*
 The principal cause of death and related causes of importance were as follows:

Coronary arteritis with gangrene of lower third of right leg and foot
 Date of onset *Oct. 25, 1941*
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Co Mo*
 13. NAME *Mitchell James*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Geneva*
 15. MAIDEN NAME *Margaret Glenn*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Co Mo*
 17. INFORMANT (ADDRESS) *Mary Miller High Point Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *High Point* DATE *11/11, 1941*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *William F. Redmeyer California Mo*
 20. FILED *Margaret Martin* Local Registrar

Name of operation *99:2* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *Walter H. Deakin* M. D.
 (Address) *Russellville Mo*

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1943

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..... *H. E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California 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, above space should be left blank.