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

39272
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10259
(c) City St. Louis (d) Street No. 2617a Indiana Ave. St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Larry Ream
(a) Residence, No. 2617a Indiana Ave. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3nd. 1937.
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME George Ream
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Viola Beiter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT George Ream
(ADDRESS) 2617a Indiana Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter-Paul DATE Nov. 4th. 1937
19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2617a Indiana Ave.
20. FILED NOV 4 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 3nd, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov. 3, 1937, from 6 P.M. to 11:10 P.M.
I last saw him alive on Nov. 3, 1937. Death is said to have occurred on the date stated above, at ~~6 P.~~ 11:10 P.M. m.
The principal cause of death and related causes of importance were as follows:
Prematurity
infant three months
premature - and lived
for five hours & 10 mins -

Date of onset

Other contributory causes of importance:

159

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) Roman Strand Mrs. M. D.
(Address) 4500 Virginia

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank R. J. Dyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalming

L. E.

No. 2645 or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Dyland

Licensed Embalmer No. 2645

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.)