REC'D SEP 12 1938

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

27187
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 7201
(c) City St. Louis (d) Street No. 2940 Laclede 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reuben J. Oliver 416
(a) Residence, No. 2940 Laclede Ave St. 18
(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: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Oliver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3, 1883
7. AGE: YEARS 55, MONTHS 7, DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cook
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): Louisiana

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Amanda (Unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Pearl Oliver, 2940 Laclede Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD DATE 8/15 1938
19. FUNERAL DIRECTOR (ADDRESS): R. M. C. Green, 3517 Laclede Ave
20. FILED AUG 14 1938 19 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5/20 1937, to 8/12 1938
I last saw him alive on 8/11, 1938. Death is said to have occurred on the date stated above, at 2:P.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis, Hypertension, Chronic Nephritis
Date of onset
Other contributory causes of importance: Chronic myocarditis
Name of operation X Date of
What test confirmed diagnosis? X Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury ....., 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify
(Signed) W. W. Yerby M. D.
(Address) 2918 Market

(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, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, August 12, 1938.

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed R. M. C. Green

Licensed Embalmer No. 1173

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.)