

REC'D AUG 11 1939: **791**
Registration District No. **1008**

Primary Registration District No. _____

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: 2928 Glasgowne **2**
(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 Frank S. Reeve **100**
3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frieda Reeve 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 9 1862
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Officer

11. Industry or business 4

12. Name William Reeve **11**

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Susan Whitehead

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabel Reeve

(b) Address 2928 Glasgow

17. (a) Burial (b) Date thereof 7 - 28 - 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. Fran L. U. Co

(b) Address 2707 North Grand St.

19. (a) JUL 27 1939 (b) J. J. Bredich
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **20**
(If outside city or town limits, write "RURAL")
(d) Street No. 2928 Glasgow Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1939 hour 10 minute 45 AM.
21. I hereby certify that I attended the deceased from July 24, 1939, to July 25, 1939; that I last saw him alive on July 25, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Coronary Artery (Atherosclerosis)
Due to _____

Due to Chronic Hypertension & Art. Sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 930
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. Bredich (M. D. or other) _____
Address 2707 North Grand St. Date signed 7/27/39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X 8511

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 Paul F. Knowlton

Licensed Embalmer No. 2631

P. O. Address 2707 N. Grand

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.