DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38356

DEC 13 1939

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10195

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4919 Theodore Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4919 Theodore Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Clara F. Reeve 10-4

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irving E. Reeve 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 9th, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	18	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Jacob Haitz

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

MOTHER 14. Maiden name Mary Koeltker

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

16. (a) Informant's own signature Irving E. Reeve

(b) Address 4919 Theodore Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 20 1939 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th year 1939 hour 6:55 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1939 to Nov. 27, 1939, to _____, 19____; that I last saw her alive on Nov. 22, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Acute myocarditis caused by	
Due to Influenza	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. J. P. Murphy (M. D. or other)

Address 2116 N. Kingshighway Date signed Nov. 28, 1939.

St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 8-17-39 1 X19511

2618 [illegible] Kingsbinghurst
11:45 am

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.