

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41613

Registration District No. 201

Primary Registration District No. _____

Registrar's No. 10776

1. PLACE OF DEATH:

(a) County 1008 1
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
Unknown (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Columbus Reece 2073. (b) If veteran, name war NONE 8. (c) Social Security No. NO4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 20 1931
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
7 11 23 hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business

12. Name Columbus Reece13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Emma Murphree15. Birthplace Humphrey Ark.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emma Mercer(b) Address 1451 Cleary St17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-39
(Month) (Day) (Year)(c) Place: burial or cremation Father Dickson18. (a) Signature of funeral director Ellis Funeral Home(b) Address 2820 Stoddard St19. (a) DEC 16 1939 (b) J. P. ...
(Date received by Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1451 Cleary
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 14 14
year 1939 hour 1:00 minute 10 A. M.21. I hereby certify that I attended the deceased from
November 27, 1939, to December 14, 1939
that I last saw him alive on December 14, 1939
and that death occurred on the date and hour stated above.Immediate cause of death
Rheumatic Heart Disease
c acute Pericarditis Duration 3 mos

Due to _____

Due to _____

Other conditions
(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) _____
 (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)
(a) Means of injury _____28. Signature M. E. Fowler (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

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 L. B. Boykin,
....., Registered Apprentice No. None
working under my personal supervision.

Signed Lomnie Boykin
Licensed Embalmer No. 3940
P. O. Address St. Louis

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.