

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: In hospital or institution 5 Days  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2841 Thomas  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Baby Reese

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 7 5 41 (Month) (Day) (Year)

8. AGE: Years Months Days 5 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name William Reese  
13. Birthplace Jackson Miss (City, town, or county) (State or foreign country)  
14. Maiden name Marie Britton  
15. Birthplace Jackson Miss (City, town, or county) (State or foreign country)

16. (a) Informant William Reese (b) Address 2841 Thomas St.

17. (a) (b) Date thereof 7-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director A.F. WALTON (b) Address 2707 STODDARD ST

19. (a) JUL 14 1941 (b) J. Bredek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1941 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 5 to July 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to 157

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury

23. Signature O.S. Morice (M. D. or other) D Address 2601 N. Whittier Date signed 7/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**