

No. 2
4-13-40
5-17-39
I X21

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. one week
In this community. 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Frank J. Reeves

3. (b) If veteran, name war. 3. (c) Social Security No. 496-14-8510

4. Sex M. 5. Color or race W. 6. (g) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Evelyn Reeves 6. (c) Age of husband or wife if alive. 44 years

7. Birth date of deceased. Aug 2, 1890 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation. Carpenter helper
11. Industry or business. A. H. Plant Works

MOTHER FATHER { 12. Name. Samuel F. Reeves
13. Birthplace. St. Louis (City, town, or county) (State or foreign country)
14. Maiden name. Julia Herminsham
15. Birthplace. St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Evelyn Reeves
(b) Address. 7111 Dale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. AUG. 21 1941 (Month) (Day) (Year)

(c) Place: burial or cremation. Silver Cemetery

18. (a) Signature of funeral director. J. C. Coyle
(b) Address. 7146 Manchester Ave.

19. (a) AUG - 7 1941 (Date received local registrar) (b) J. F. Fredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. St. Louis Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7111 Dale Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 6 minutes 30 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death. Telanus when he stepped on a nail which was in a splintered piece of wood at Weldon Springs Mo exact time and date unknown

Other conditions. (Include pregnancy within 7 months of death)

Major findings: Of operations 185 Of autopsy 186

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) Accident
(b) Date of occurrence Aug 2 1941
(c) Where did injury occur? Weldon Springs Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry

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

23. Signature W. H. Perry (M. D. or other) 3
Date signed 8/7/41

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

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

Francis A. Williamson

Licensed Embalmer No.

3565

P. O. Address

7146 Manchester

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.