

S. No. 2
1-1-4-41
7. 5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16579

State File No. 5011

Registrar's No.

FILED JUN 22 1942 91

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2841 Thomas St
(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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County _____

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

(d) Street No. 2841 Thomas St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minerva Reese

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1942 hour "2:20 minute 2 A. M.

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

Immediate cause of death _____

4. Sex Female 5. Color or race col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harland Reese 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased 11 (Month) 1 (Day) 1885 (Year)

Coronary Occlusion (Thrombosis);

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.

8. AGE: Years 56 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Reese

(b) Address 2841 Thomas St

17. (a) Buried (b) Date thereof 6-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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 Thomas F. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 6/9/42

18. (a) Signature of funeral director A. F. Walley

(b) Address 2707 St. Bernard St

19. (a) JUN 9 1942 (Date received local registrar) J. F. Muesel (Registrar's signature)

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 Arthur P. Shellard
Licensed Embalmer No. 4221
P. O. Address 2649 Delmas B

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.