

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1942

Registration District No. 184

Primary Registration District No. 107

Registrar's No. 2092

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: #1 Fair Oaks
(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:

(a) State Missouri (b) County St. Louis

(c) City or town Ladue
(If outside city or town limits, write "RURAL")

(d) Street No. #1 Fair Oaks
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William O. Reeder

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Arlene Shackelford 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 17, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	2	19	hr. min.

9. Birthplace Warrenton, Md. (City, town, or county) (State or foreign country)

10. Usual occupation Attorney at law

11. Industry or business Sullivan, Reeder and Findly

MOTHER FATHER

12. Name William George Reeder

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

14. Maiden name Margaret McPherson

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

16. (a) Informant Mrs. Wm. O. Reeder
(b) Address #1 Fair Oaks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT - 7 1942 (Date received local registrar) (b) C. H. McPherson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1942 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 3 _____, 1942 to Oct. 6 _____, 1942

that I last saw h. im alive on Oct. 6 _____, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage, advanced

Due to Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Cranium opened

Duration _____

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? _____

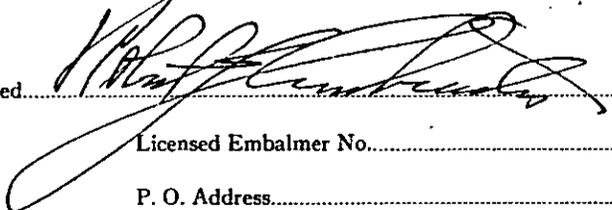
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Keith Wilson (M. D. REGIST.)
Address 4952 Maryland Ave. Date signed 10/7/42

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.

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