

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9510**

X29484

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

1. PLACE OF DEATH:

(a) County St. Louis mo  
(b) City or town St. Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hosp  
(If not in hospital or institution, write address, number or location)  
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)  
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 99  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4800 M<sup>e</sup> Kinloch  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JELMA REEVES

3. (b) If veteran, name war NONE 3. (c) Social Security No. unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married Divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 11 1909  
(Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Middle Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business Syndicate trust bldg

12. Name Mack Reeves

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

14. Maiden name Elizabeth F. ...

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

16. (a) Informant Mack Reeves

(b) Address 4800 Kinloch

17. (a) Burial (b) Date thereof 11-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (e) Signature of funeral director Alvin ...

(b) Address 3644 Finney Ave

19. (a) NOV 14 1942 (b) J F Becke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 42 hour 11 minute 20 A.M.

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: Cancer of Tongue Collapsed right Lung while undergoing operation part cancer of Bronchus at Homer G. Phillips Hosp.  
Due to 11-9-42

Other conditions: 45  
(Include pregnancy within 3 months of death)

Major findings: 45  
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 Alfred ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 11/14/42

**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.....

*Ronald V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address.....

*3644 Finney Av*

**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.**