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Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7003

1. PLACE OF DEATH:

(a) County Mo. 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: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether life)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2506 N. Newstead Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion Reeves

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 29 1943  
(Month) (Day) (Year)

8. AGE: 4 2  
Years Months Days If less than one day  
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 James Reeves

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

14. Maiden name Henretta Trice

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

16. (a) Informant Henretta Reeves

(b) Address 2506 N. Newstead Ave

17. (a) Burial (b) Date thereof 8-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) AUG 3 1943 J. J. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 1:38 minute 20 M.

21. I hereby certify that I attended the deceased from July 14 1943 to July 31 1943 that I last saw him alive on July 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchopneumonia) unknown duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include presence within 3 months of death) Whooping cough

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) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Budeck (M. D. or other) \_\_\_\_\_  
Address 4330 E. 10th Date signed 8/2/43

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

MOTHER FATHER

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 my self.

Louise Bayless, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Fannie Bayless

Licensed Embalmer No. 2946

P. O. Address St Louis mo

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.