

FILED JUL 21 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 6168

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: City Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 2437 N. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Thomas James Reeves

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Ayna Reeves 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 16 1913
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 25 If less than one day hr min

9. Birthplace Trumann Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Leonard Welding School

12. Name Lonnie W. Reeves

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

14. Maiden name Lizzie Wieniecke

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

16. (a) Informant Mrs. Ayna Reeves

(b) Address 2437 N. Grand

17. (a) Removal (b) Date thereof 7-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nettleton, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 11 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 10 minute 45 AM.

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

Immediate cause of death 1. Subdural
Hemorrhage of Brain 2. Extra
dural Hemorrhage
Due to motor cycle he was
testing as a prospective
Due to purchase got away from
bike crashed into a tele graph
Other conditions pale about 50 ft North
of Boston on Spring Ave.
Major findings:
Of operations around 10:30
Relax July 10 1944
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-10-44 000

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

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

23. Signature Thomas J. Callahan M.D. or other

Address Deputy Coroner Date signed

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

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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

Albert G. Hopper

Licensed Embalmer No. *2971*

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.