

S. No. 2  
M-3-43  
v. 5-17-39  
X37823

FILED JAN 31 1945 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

394

1. PLACE OF DEATH:

(a) County.....  
(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. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME Edward E. Reyburn.

3. (b) If veteran, name war. No  
3. (c) Social Security No. 491-16-6426

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

6. (b) Name of husband or wife Pink Overstreet  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 2 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 10 hr. min.

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

10. Usual occupation Proof Reader

11. Industry or business Globe Democrat

12. Name Aquila Reyburn

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

14. Maiden name Dont Know

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

16. (a) Informant Thornton Reyburn

(b) Address 1526 Linton Ave.

17. (a) Burial (b) Date thereof 1-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JAN 15 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1526 Linton Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12  
year 1945 hour 7 minute 10 p. 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 Generalized arteriosclerosis  
Senility  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:  
(c) 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. F. Bredek (M. D. or other)  
Address 1526 Linton Ave. Date signed 1/15/45

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Fred Truck*

Licensed Embalmer No. 3186

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.**