

**FILED** AUG 24 1945  
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **20159**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(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:  
**1349 n Garrison Av /**  
(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 \_\_\_\_\_ (b) County **000**  
(c) City or town **St Louis Mo** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1349 n Garrison Av**  
(If rural, give location) **9 21**  
(e) Citizen of foreign country? **3** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME Baby Reece**

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

4. Sex **Female 2** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **1**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **8** hr. \_\_\_\_\_ min.

9. Birthplace **St Louis Mo** (City, town, or county) (State or foreign country) **17**

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name **Theodore Reece**  
13. Birthplace **St Louis Mo** (City, town, or county) (State or foreign country) **0**  
14. Maiden name **Edith Smothers**  
15. Birthplace **Sikeston Mo** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Ida Gales**  
(b) Address **1349 n Garrison**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/11/45** (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenwood Cem,**

18. (a) Signature of funeral director **Ellis Fun Home**  
(b) Address **2820 Stoddard St**

19. (a) **AUG 11 1945** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8-10** day \_\_\_\_\_ year **45** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 10 - 1945** to **Aug 10 1945** that I last saw him alive on **Aug 10** and that death occurred on the date and hour stated above. **1945**

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Respiratory condition of child**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **308** Of autopsy \_\_\_\_\_  
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 **J. L. Gilder** (M. D. or other) \_\_\_\_\_  
Address **2601 E. Jackson** Date signed **8-10-45**

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

MOTHER FATHER

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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.....

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.**