

S. No. 2
M-5-43
r. 5-17-39
I X36671

FILED DEC 28 1945
318
Registration District No. _____

Primary Registration District No. **1003**

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

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:
St. Louis 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

3. (a) PRINT FULL NAME Mary Reavis

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Reavis

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 13 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>7</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Fancy Farm Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Phillip Riley

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

14. Maiden name Julia Hayden

15. Birthplace Fancy Farm Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John Reavis

(b) Address 2147 Benjamin Ave.

17. (a) Removal Removal **(b) Date thereof** 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Kentucky

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 8 1945 **(b) J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 101

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 120

(d) Street No. 2147 Benjamin Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1945 hour 2 minute 30 8 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral aneurysm

Due to _____

Due to _____

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

83a

Major findings:
Of operations _____

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)

23. Signature Frank E. Skyles **(M. D. or other)** 3
Doc Corcoran **Date signed** 12/3/45

10488

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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

Henry M. Brammer

Licensed Embalmer No. 4200

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.