

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14722
Registrar's No. 62

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
324a South Main Street
(d) Length of stay: In hospital or institution
In this community Life time

3. (a) PRINT FULL NAME Katherine Espesia Reeves
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William Reeves, deceased
7. Birth date of deceased April 7 1859

8. AGE: Years 88 Months 0 Days 1

9. Birthplace St. Charles Missouri

10. Usual occupation Housework

11. Industry or business own home

12. Name Henry Ferlan

13. Birthplace France

14. Maiden name Katherine
15. Birthplace France

16. (a) Informant Joseph L. Reeves
(b) Address 805 Nathan--St. Charles, Mo.

17. (a) burial (b) Date thereof Apr 12, 1947
(c) Place: burial or cremation St. Charles Borromeo Cem

18. (a) Signature of funeral director H. L. Dallenmeyer & Sons Co.
(b) Address 800 N. 2nd--St. Charles, Mo.

19. (a) 4/10/47 (b) Name Rauscher

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 324a South Main Street
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1947 hour minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1947 to April 8 1947 that I last saw her alive on April 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 94H
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 4-10-47

Duration
?
?
Underline the cause to which death should be charged statistically.

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-21-47

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 *Joseph I. Landolt*
Licensed Embalmer No. *4189*
P. O. Address *St. Charles*

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.