No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25970

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7355

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2906 CAROLINE ST
(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 MO (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2906 CAROLINE ST. 9
(If rural, give location)

18

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John W. REARDEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, ~~widowed~~, ~~married~~, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 30 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	0	7	hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name UNK REARDEN
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mr Ick
(b) Address 2906 Caroline St.

17. (a) REMOVAL (~~Burial, cremation, or~~ removal) (b) Date thereof AUG 7-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ HANNIBAL MO.

18. (a) Signature of funeral director E. J. Schmier
(b) Address 3125 Lafayette Av.

19. (a) AUG 6 1947 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1947 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from April 1945, 1945, to Aug 6, 1947, that I last saw him alive on 8-1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocardial Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. V. Garvin (M. D. ~~or other~~)

Address 2767a Park Ave Date signed 8/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Jos B Wollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.