

FILED NOV 21 1949

## STANDARD CERTIFICATE OF DEATH

39196

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>9552</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 Wks.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>3138 Jamieson</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gail</b>		b. (Middle) <b>Floyd</b>	c. (Last) <b>Reece</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 3 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 4, 1902</b>	9. AGE (In years last birthday) <b>46</b> IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b> IF UNDER 1 HOUR Hours <b>29</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Effingham Kan.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Don Reece</b>		
13b. MOTHER'S MAIDEN NAME <b>Gra Jackson</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Reece-Nee Hope</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-07-5027</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nellie Reece 3138 Jamieson Ave St. Louis Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhagic cyst lead of prostate</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tumor growth of prostate</b> DUE TO (c) <b>Common duct obstruction</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dilatation of gall bladder</b>		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>5870</b>
22. I hereby certify that I attended the deceased from <b>27 Sept 1949</b> , to <b>3 Nov 1949</b> , that I last saw the deceased alive on <b>2 Nov 1949</b> , and that death occurred at <b>6:40 Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>General W. Abel</b>		23b. ADDRESS <b>446 Shreve St. St. Louis Mo.</b>		23c. DATE SIGNED <b>3 Nov 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/5/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 5 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Hester</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jay B. Smith 7450 Manchester Rd. Maplewood, Mo.</b>

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.