

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12887**

**84308-49**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10536**

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>DAV</b>	
b. CITY OR TOWN <b>SAINT LOUIS, Mo.</b>		c. CITY OR TOWN <b>SAINT LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>15 - 3760 OSCEOLA AVE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BABY BOY</b> b. (Middle) c. (Last) <b>REEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 7<sup>TH</sup>, 1949</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>DEC. 7<sup>TH</sup>, 1949</b>	
9. AGE (In years last birthday) <b>0</b>		10. IF UNDER 1 YEAR Months <b>0</b>	
11. IF UNDER 1 YEAR Days <b>0</b>		12. IF UNDER 24 HRS. Hours <b>0</b>	
13. IF UNDER 24 HRS. Min. <b>46</b>		13. BIRTHPLACE (State or foreign country) <b>SAINT LOUIS MO</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>DELBERT REEL</b>		13b. MOTHER'S MAIDEN NAME <b>KARLEEN HARTMAN</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>DELBERT REEL, 3760 OSCEOLA AVE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>aphtyng breakdown</b>		MEDICAL CERTIFICATION	
II. OTHER SIGNIFICANT CONDITIONS* (b) <b>delay in delivering after coming</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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>161</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>7620</b>		22. I hereby certify that I attended the deceased from <b>Dec. 7, 1949</b> , to <b>Dec. 7, 1949</b> , that I last saw the deceased alive on <b>Dec. 7, 1949</b> , and that death occurred at <b>10:40 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. B. Fasano</b> (Degree or title)		23b. ADDRESS <b>607 N. Grand</b>	
23c. DATE SIGNED <b>12-7-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>12/8/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ, 4878 NAT'L BRIDGE</b>	
DATE REC'D BY LOCAL REG. <b>DEC 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Fasano</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

*John A. Sullivan*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

**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.