

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43296
04719

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6016 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give TOWN OR <u>Rural, Bonhomme Twshp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>76 TOWN Rural, Bonhomme Twshp!</u> <u>96</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Dougherty Ferry Rd.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dougherty Ferry Rd.</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) _____	c. (Last) <u>Reese</u>
4. DATE OF DEATH	(Month) <u>Dec.</u>	(Day) <u>18,</u>	(Year) <u>1949</u>
5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 4, 1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 WKS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>XXX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. C. Hoffmann, Kirkwood, Mo.</u> ADDRESS <u>R #13</u>	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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? _____	
22. I hereby certify that I attended the deceased from <u>Dec 9</u> , 19 <u>49</u> , to <u>Dec 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 16</u> , 19 <u>49</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) _____		23b. ADDRESS <u>Ballwin, Mo.</u>	
23c. DATE SIGNED <u>Dec 19-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>
DATE REC'D. BY LOCAL REG. <u>12-19-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS _____	

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

OCT 22 1952

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Ballwin, 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.