

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28588**
Registrar's No. **6915**

FILED SEP 6 1950

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCK HILL, MO.							
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				d. STREET ADDRESS 2820 HARRITONE;									
3. NAME OF DECEASED (Type or Print) a. (First) DONA			b. (Middle) CATHERINE			c. (Last) REESE.			4. DATE OF DEATH (Month) (Day) (Year) AUG. 14, 1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 11 1932		9. AGE (In years last birthday) 18		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk; Ramsey Corp.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Cuba, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Don Pall Reese.				13b. MOTHER'S MAIDEN NAME Catherine I. Crenshaw.				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-34-0373				17. INFORMANT'S SIGNATURE OR NAME Mrs. C.I. Crenshaw; 2820 Hariton				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage caused by fracture skull when the automobile in which she was a passenger was being driven by one of her husband's relatives who collided with a truck driven by one Norman Johnson at the intersection of Forest Park & Spring Ave. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death about 5:02 pm Aug 11 1950								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SIGNATURE (Specify) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Aug 11 5:02 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? POV			E 8161 2.6				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:34A m. , from the causes and on the date stated above.													
23a. SIGNATURE Catharine E. Taylor Carver						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 8:14 50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 8/16/1950			24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. AUG 14 1950			REGISTRAR'S SIGNATURE J. B. Farster			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons			ADDRESS 7233 Delmar Blvd.,				

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

Clarence H. Murray

Licensed Embalmer No. *4011*

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.