

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35254  
8538  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herculaneum</u> <u>05071</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Millard</u>	b. (Middle) <u>Oliver</u>	c. (Last) <u>Reece</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1950</u>
-------------------------------------	---------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1887</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours Mins.
--------------------	-------------------------------	---	--	---	-----------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Logan Reece</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen James</u>	14. NAME OF HUSBAND OR WIFE <u>Olive</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>493-03-9295</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olive Reece</u>	ADDRESS <u>Herculaneum, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Unknown cause</u> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Esophageal varices and E. P. hemorrhage</u>		<u>2 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:10</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>5810</u>
---	---	---------------------------------------

22. I hereby certify that I attended the deceased from Oct - 1, 1950, to Oct 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. W. Miller MD</u> (Degree or title)	23b. ADDRESS <u>408 Humboldt Bldg</u>	23c. DATE SIGNED <u>10/9/50</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum</u>	24d. LOCATION (City, town, or county) (State) <u>Herculaneum, Mo.</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>OCT 9 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Insard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vinyard Funeral Home</u>	ADDRESS <u>Festus, Mo.</u>
--	---	--	----------------------------

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

1951 DEC 150

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.....

Signed.....  
Student Embalmer

Signed Oliver R. Pedwell

Licensed Embalmer No. 4077

P. O. Address.....

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.