

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 808

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis, Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>	
c. LENGTH OF STAY (in this place) <u>695 days</u>		d. STREET ADDRESS (If rural, give location) <u>119 South Channing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Koch Hospital</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>3 12 53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Reeves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 53</u>	
5. SEX <u>3</u> <u>Fem</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-26-27</u>
9. AGE (In years last birthday) <u>24</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Louis T. Thomson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mamie Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Aaron Reeves</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Medical Records Koch Hosp.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION <u>Pulmonary Tuberculosis-</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>30 DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>Jan. '53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right Thorcoplasty</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 WHERE 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>17-51</u> , 19 <u>  </u> , to <u>3-12-53</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>3-12-53</u> , 19 <u>  </u> , and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David Russell, M.D.</u> (Doctor or title)		23b. ADDRESS <u>Koch Hospital</u>	
23c. DATE SIGNED <u>3/12/53</u>			
24a. BURIAL-CREMA-TION REMOVAL (Specify)	24b. DATE <u>March 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
DATE REC'D BY LOCAL REG. <u>3-14-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Frazier</u> ADDRESS <u>1221 N. Grand</u>	

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 \_\_\_\_\_

*Guyton Swan*

Licensed Embalmer No. 4580

P. O. Address 1221<sup>st</sup> Grand

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.