

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33929**
Registrar's No. **8847**

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 MO b. COUNTY	
b. CITY OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 6244 KINSEY AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Caroline c. (Last) Reess			4. DATE OF DEATH (Month) (Day) (Year) 9/9 53		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1-8-1873	9. AGE (In years last birthday) 80	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) HWK.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILL	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME AUREL YOUNG		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LATE REV. J.G. REESS	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS STELLA G. REESS 6244 KINSEY	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intertrochanteric fracture of left hip		DUPLICATE OF (b) OK (P. Taylor)				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Anterior Sclerosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		faecal home - July 23 - 1953			accident	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE HOME/ROAD (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St Louis		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-23-1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Faecal Home E9040		

22. I hereby certify that I attended the deceased from **7-23**, 19**53**, to **9-9**, 19**53**, that I last saw the deceased alive on **9-9**, 19**53**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above. **2.1**

23a. SIGNATURE S.P. Vermillion, M.D.		(Degree or title) M.D.		23b. ADDRESS Barnes Hosp.		23c. DATE SIGNED 9/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT		24b. DATE 9-12-53		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
DATE REC'D BY LOCAL REG. SEP 11 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE MO KRIEG SHAUSER		ADDRESS 4278 SKING HIGHWAY	

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.....
Signature of Student Embalmer

Signed..... *Richard W. Stoves*

Licensed Embalmer No..... 40

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.