

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3191**
Registrar's No. **0861**

BIRTH NO. **FILED FEB 10 1954** 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Wks		* STREET ADDRESS (If rural, give location) 232 Papin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPI TAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) REIGART c. (Last) REESE	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 26, 1954							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Phillip R. Reese	13b. MOTHER'S MAIDEN NAME Katherine Shriver	14. NAME OF HUSBAND OR WIFE Antoinette Roos Reese
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) Yes Spanish American	16. SOCIAL SECURITY NO. 492-22-5947a	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Antoinette K. Reese 232 Papin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SECONDS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURED ANEURYSM OF ABDOMINAL AORTA	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 451 X
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 1-13, 1954, to 1-26, 1954, that I last saw the deceased alive on 1-26, 1954, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Parnell, M.D.</i>	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPI TAL	23c. DATE SIGNED 1-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-28-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JAN 27 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME, Inc WEBSTER GROVES, MO.
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(Licensed Embalmer's Statement on Reverse Side) **73 N. LOCKWOOD AVE**

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..... *Paul A. Wachter*

Licensed Embalmer No. *474*

P. O. Address *St. Louis*

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.