

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3547**

FILED JAN 26 1954
BIRTH NO. **6468** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **136**

1. PLACE OF DEATH a. COUNTY St. Louis		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 OR TOWN Valley Park)		c. CITY OR TOWN Valley Park	
c. LENGTH OF STAY (in this place) 15 Min.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 114 Marshall		e. STREET ADDRESS (If rural, give location) 114 Marshall	

3. NAME OF DECEASED (Type or Print)	a. (First) Bonnie	b. (Middle) Juanita	c. (Last) Reeves	4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 15 1954	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 15 Minutes 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Valley Park Mo.	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Claude Reeves	13b. MOTHER'S MAIDEN NAME Susie Thompson	14. NAME OF HUSBAND OR WIFE NONE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Claude Reeves	ADDRESS 114 Marshall V. P. Mo.
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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 15 mins
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Raphyxiolosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) inspiration of meconium 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **birth 3:45 am**, 1954, to **3:30 am**, 1954, that I last saw the deceased alive on **1/15**, 1954, and that death occurred at **3:15 a. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Claudia M. Seibert, M.D.	22b. ADDRESS Valley Park, Mo	22c. DATE SIGNED 1/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-15-54	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna Mo.
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DATE REC'D BY LOCAL REG. 1/15/54	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo.
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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 em-
I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-

by me, or by

Student Embalmer No.

working under my personal supervision..

Student

Signature of Student Embalmer

Signed

William H. Pitzer

Licensed Embalmer No. 431

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.

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