

FILED MAR 18 1955
FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10094

State File No.

BIRTH NO. 96881-5 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0227

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eileen</u>		b. (Middle) <u>Reel</u>		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>12-31-1954</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Days <u>10</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Halter Reel</u>		13b. MOTHER'S MAIDEN NAME <u>Bonetta Fisher</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Halter Reel</u>		18. ADDRESS <u>1331 Louisville</u>			

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital biliary obstruction</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. <u>Prematurity (7 mo gestation)</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7562</u>		20. AUTOPSY? YES <input 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)	
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 30 Dec, 1954, to 9 Jan, 1955, that I last saw the deceased alive on 8 Jan, 1955, and that death occurred at 1 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert S. Nye, M.D.</u>		23b. ADDRESS <u>3201 Arsenal St. Louis Mo</u>		23c. DATE SIGNED <u>10 Jan 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-10-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>JAN 10 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. FENDLER JR.</u>		ADDRESS <u>7128 MICHIGAN</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 Not Embalmed..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Johnson.....

Licensed Embalmer No. 309.....

P. O. Address 7128 Michigan.....

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.