FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6551
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1197

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G.Phillips — Length of stay in 1b Life 27

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 4116 Delmar Blvd. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Cynthiah Middle Last Reese

4. DATE OF DEATH Month Feb. Day 4th. Year 1957

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug.21,1948

9. AGE (In years last birthday) 8 — 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) none

10b. KIND OF BUSINESS OR INDUSTRY -------

11. BIRTHPLACE (City and state or country) St. Louis Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Irvin Reese

14. MOTHER'S MAIDEN NAME Ethel D. DRAKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Ethel D.Reese 4116 Delman Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd Degree burns of 85% of the body suffered when deceased's dress

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) was ignited from a gas heater about 8:10 p.m.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) on Jan. 28, 1957 at 4116 Delmar Accident

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above E916.0

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. 810 Month, Day, Year 1-28-57

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 19 See above

20f. CITY, TOWN, OR LOCATION 800 COUNTY STATE See above

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) 3

22b. ADDRESS 1300 Clark 1300 Clark

22c. DATE SIGNED 2/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-8-1957

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Peoples Und. Co. ADDRESS 3100 Franklin Av.

25. DATE RECD. BY LOCAL REG. FEB 6 '57

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 0 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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 W. Claude Gordon

Licensed Embalmer No. 34

P. O. Address 4575 C

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.