

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3484

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **573**

1. PLACE OF DEATH
a. COUNTY **Missouri**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
c. LENGTH OF STAY (In this place) **Life**
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer Phillips Hospital**
STREET ADDRESS (If rural, give location) **3923 Palm Street**

3. NAME OF DECEASED
a. (First) **MAMIE** b. (Middle) **REESE** c. (Last) **REESE**
4. DATE OF DEATH (Month) (Day) (Year) **Jan. 14, 1958**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **July 11, 1888** 9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (Hours) (Min.) **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and State or Foreign Country) **Jonesburg, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Alex Turner** 13b. MOTHER'S MAIDEN NAME **Sallie Sage** 14. NAME OF HUSBAND OR WIFE **Henry Reese**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Sallie Sage** ADDRESS **3923 Palm Street**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **3 days**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cardio-vascular disease 2 mos**
DUE TO (c) **Hypertensive Heart Disease 2 mos**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Emaciation**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **443+** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-16, 1957**, to **1-13, 1958** that I last saw the deceased alive on **1-13, 1958** and that death occurred at **3:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **Col. Edward J. Hoffmann** (Degree or title) 23b. ADDRESS **425 E. Co. Blvd. No. 1-15-58** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **1/17/58** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **JAN 17 '58** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney Av.**

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.....

Licensed Embalmer No...4580...

P. O. Address...4107 Finney.

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.