WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19128

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5550

City St Louis (No. Mullanphy Hospital St. ..... Ward)

2. FULL NAME Samuel J Reeves

(a) Residence. No. 7201 West Park St., 4 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Reeves

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 4th 1869

7. AGE: Years 68 Months 10 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ord or Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: United Dong Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Georgia

PARENTS

10. NAME OF FATHER: Frank Reeves
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Frank J Reeves
(Address) 7201 W Park av

15. FILED MAY 22 1923, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/21 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1926, to May 21st, 1928 that I last saw him alive on May 20th, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
131
107A (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial nephritis
129A (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J F Gallagher, M. D
5/21, 1928 (Address) 311-313 Wall Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: 5-23 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash

Dr J. F. Gallagher
Wall Bldg.
2-4