

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Koch (No. St. Koch Hosp.) St. _____ Ward)

File No. 2348
 Registered No. 28

2. FULL NAME

Edna Reavis
 (a) Residence. No. 5301 a Kensington St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 7 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>23</u>	<u>9</u>	<u>17</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk 2-33
 (b) General nature of industry, business, or establishment in which employed (or employer) at hotel
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bloomfield
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER David Reavis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Allie Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

14. INFORMANT Koch Records
 (Address) Koch Mo.

15. FILED Jan 22 1932 L. C. Obrock M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21, 1932

17. I HEREBY CERTIFY, That I attended deceased from _____
May 10, 1930, to Jan 21, 1932
 that I last saw h. e. alive on Jan 20, 1932, and that death occurred, on the date stated above, at 5:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Mr. J. J. (duration) 6 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Not known
 IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Laboratory & clinical findings
 (Signed) Arthur W. Stadel M. D.
 (Address) Koch Hospital

*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 Sturtevant Mo. DATE OF BURIAL 1-23 1932

20. UNDERTAKER McLaughlin ADDRESS 1631 24th Ave

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.

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

96
 FEB 25 1932

