

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

Do not use this space.

2638

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10033
 City St. Louis No. 942 Maryville St. Ward)

File No.....
 Registered No. 331
 St. Ward)

2. FULL NAME

Frederick J. Reese
 (a) Residence. No. 942 Maryville St. 5 Ward.

(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

1 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iris I. Reese

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to Jan 9 1932 that I last saw him alive on Jan 9 1932 and that death occurred, on the date stated above, at 7:55 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1876

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 4 5

Lobular pneumonia
107A (duration) yrs. mos. ds. 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Credit Manager
 (b) General nature of industry, business, or establishment in which employed (or employer) 153
 (c) Name of employer Wisembury coal Co.

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Norfolk (STATE OR COUNTRY) Virginia

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

10. NAME OF FATHER Joshua Reese

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ①

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

19. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Estelle Benson

WHAT TEST CONFIRMED DIAGNOSIS Smear, autopsy, histology
 (Signed) H. G. Fisher M. D.

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

Jan 11, 1932 (Address) 5902 Maple

14. INFORMANT Mrs. Frederick J. Reese (Address) 942 Maryville

*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.

15. FILED Jan 11 1932 Miss E. Starker REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE OF BURIAL Jan 12 1932

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton Ave

K. 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.

