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.

2926

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 642

City St. Louis Mo (No. Alexian Brothers Hosp St. ..... Ward)

2. FULL NAME Wiley C. Reaves

(a) Residence, No. 2628 Chippewa Ave St., 24 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1861

7. AGE: YEARS 70 | MONTHS 7 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) (Joseph Geroger) 3241 Iowa Ave Joseph Geroger

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Douglas Ills DATE Jan 22 1932

19. UNDERTAKER (ADDRESS) Pass Undertaking Co., Greenville, Ills.

20. FILED JAN 20 1932 19 Wm C Hartley Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20th, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 11-27-, 1931, to 1-20-, 1932

I last saw him alive on 1-19-, 1932 Death is said to have occurred on the date stated above, at 12-30A m.

The principal cause of death and related causes of importance were as follows:

Uremia due to Chronic Interstitial Nephritis — Date of onset: About 1 yr

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Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas E F Streicher, M. D.

(Address) 3860 S Broadway

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