

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

Do not use this space.

14991

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10083
 City St. Louis (No. 5372 Natural Bridge Ave. Apr. 2 Ward)

File No.
 Registered No. 3515

2. FULL NAME

Rene M. Reese
 (a) Residence, No. 5372 Natural Bridge Ave. Apr. 2
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Donald F. Reese</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>7</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>Lepton, Missouri</u>		
13. NAME OF FATHER <u>Bernard Zwart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>		
15. MAIDEN NAME <u>Cornelia Henriët</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
17. INFORMANT (ADDRESS) <u>Bernard Reese, 5372 Natural Bridge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem. DATE <u>April 18, 1933</u></u>		
19. UNDER TAKER (ADDRESS) <u>Jos. M. Callark, 1125 Washington Ave.</u>		
20. FILED <u>APR 17 1933</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to April 15, 1933
 I last saw her alive on April 15, 1933 Death is said to have occurred on the date stated above, at 4:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930
930

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Chasid Was there an autopsy? No.

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) Geo J. Crane M. D.
 (Address) 5738 W. Floussat

MARGIN RESERVED FOR BINDING
 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.

Civil. CA 2000

5738 W. Florence Ave

EV. 6887-

11 A.M. to 1.30 P.M.