

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

Do not use this space.

15310

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis, Mo. No. 600 S. Kingshighway
Barnes

File No.....
Registered No. 3860
St. Ward)

2. FULL NAME

Walter Edward Reese
(a) Residence, No. 142 1/2 N. Euclid St., 12 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lalla Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1880

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|-----------|-----------|--|
| | <u>57</u> | <u>10</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 13 1/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis Co. Mo.

13. NAME Henry Reese

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) va?

15. MAIDEN NAME Sarah Carter

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) not known

17. INFORMANT Lalla Reese
(ADDRESS) 142 1/2 Euclid ave

18. BURIAL, CREMATION, OR REMOVAL PLACE father's grave DATE 4-29-1933

19. UNDERTAKER J. Lewis
(ADDRESS) Walter Brown Street

20. FILED APR 28 1933 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26- 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1933 to 4-26, 1933

I last saw him alive on 4-26, 1933. Death is said to have occurred on the date stated above, at 3 1/2 m.

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

Nephritis Chronic
Hypertension
Coronary Hypertrophy

Other contributory causes of importance: 131

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? If so, specify.....

(Signed) Jos E. Lussader, M. D.
(Address) 21 N. 1st St. St. Louis, Mo.

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.

