DEC 13 1934

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

Do not use this space.

38074

File No. 10582

Registered No.

1. PLACE OF DEATH
County St. Mary's Infirmary Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis Mo. (No. , St. Ward)

2. FULL NAME Rose Reese
(a) Residence, No. 2954 Dixon St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Andrew Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6 1888

7. AGE: YEARS 46 MONTHS 5 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Tennessee

FATHER
13. NAME: Henry Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Martha Palmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Andrew Reese Husband 2954 Dixon

18. BURIAL, CREMATION, OR REMOVAL: Lem
PLACE Hatter Wickery DATE 11-3 1934

19. UNDERTAKER (ADDRESS): Ellis Funeral Home 2820 Woodland St.

20. FILED NOV -2 1934 19 J. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1934, to Oct. 30, 1934
I last saw her alive on Oct. 30, 1934 Death is said to have occurred on the date stated above, at 2:20 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 107A

Other contributory causes of importance:
Bronchopneumonia
Purulent Bronchitis
Toxic degeneration of Viscera
Cause Unknown

Date of onset

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

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) James E. Jackson, M. D.
(Address) 1536 Papin St.

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.