

JUL 27 1935

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

Do not use this space.

20923

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 148)

Registration District No. 788
Primary Registration District No. 4471
St. Louis

File No.
Registered No. 65
St. Ward)

2. FULL NAME

(a) Residence, No. 148 Stocum ave. St., Ward.
(Usual place of abode) (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

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 17 - 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
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) St. Louis Mo.

13. NAME Henry Reese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Jefferson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Rosie Givens (ADDRESS) 148 Stocum

18. BURIAL, CREMATION, OR REMOVAL PLACE father's grave DATE 6-25-1935

19. UNDERTAKER J.C. Lewis (ADDRESS) Webster Groves

20. FILED 6-24-1935 July 1st 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1935, to 6-21-1935
I last saw him alive on 6-12-1935. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. myocarditis
Ch. enlargement of heart
Diapary

Other contributory causes of importance: Ch. Rheumatoid

Name of operation Date of
What test confirmed diagnosis 22 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? Home
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. G. Lewis Reynolds, M. D.
(Address) 243 E. 11th St.

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.

22
82 1/2

