

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.

OCT 2 8 1935

30623

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 69332
(No. Saint Louis County Hosp.)

File No. _____
Registered No. 249
St. _____ Ward _____

2. FULL NAME Reeves, Zaletha T.

(a) Residence, No. 6507 Plymouth St., _____ Ward. _____

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nathan Reeves (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>4</u>	<u>26</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) no

13. NAME Charney Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn - U.S.A.

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn - Pa.

17. INFORMANT A. C. Reeves (ADDRESS) 6924 Plymouth Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE High Creek Cem near Cuba mo DATE Sept 3, 1935

19. UNDERTAKER Alexander Ed Sons (ADDRESS) 6175 Delmar

20. FILED 9/3, 1935 W. J. Squarrelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1935, to Sept. 2, 1935.

I last saw h. & R. alive on Sept. 2, 1935. Death is said to have occurred on the date stated above, at 11:15 p. m.

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

Cerebral Hemorrhage
Hypostatic Pneumonia

Other contributory causes of importance:

Syphilis

Name of operation _____ Date of _____

What test confirmed diagnosis? L.P. 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? N.O.

If so, specify _____ (Signed) R. J. Ross M. D.
(Address) St. Louis County Hosp.

