APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10381

Township ..... Primary Registration District No. 1003 Registered No. 2953

City St. Louis, Mo. (No. City Hospital No. 2 ..... St. ..... Ward)

2. FULL NAME Thomas Reece

(a) Residence, No. Garrick Theatre, 6th & Chestnut Ward 35 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1898

7. AGE: YEARS 38 MONTHS 11 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 3-12-37

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

FATHER

13. NAME: Charles Reece

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Eliza Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Ruby Perdeau, 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville, Tenn DATE 3-16- 1937

19. UNDERTAKER (ADDRESS): Chas. J. Gates, 4107 Finney Ave.

20. FILED MAR 16 1937 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1937 to Mar. 16, 1937

I last saw him alive on Mar. 16, 1937. Death is said to have occurred on the date stated above, at 1:43 a. m.

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

	Date of onset
LOBAR PNEUMONIA	3-12-37

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Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.

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.

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