MAY 7 1937

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

Do not use this space.

14120

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3616

City of St. Louis (No. 1515 Chouteau Ave. ..... St. ..... Ward)

2. FULL NAME Floyd Ernest Reese

(a) Residence, No. 1515 Chouteau Ave. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	23	

OCCUPATION

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

FATHER

13. NAME Ernest E. Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Missouri

MOTHER

15. MAIDEN NAME Pauline Albert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington Missouri

17. INFORMANT (ADDRESS) Ernest Reese 1515 Chouteau Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~ in St. Matthews
PLACE Cemetery DATE Apr. 3, 1937

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette Ave.

20. FILED APR 3 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937, to Apr. 1, 1937

I last saw him alive on Apr. 1, 1937. Death is said to have occurred on the date stated above, at 9:35 P.m.

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

	Date of onset
Whooping Cough	3/7/37

9

Other contributory causes of importance: Bronchial Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? — 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) J. T. Keyton, M. D.

(Address) 3430 S. Jefferson

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.