

MAY 7 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

11912

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No.....  
Primary Registration District No.....  
(No. City Hospital No. 1

791  
1003

File No. 4408  
Registered No.....  
St. Ward

B. 16343 Joseph B. Reeves

2. FULL NAME

(a) Residence, No. 4304 McPherson St., 19 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 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) June 29, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
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) North Carolina

13. NAME Jackson Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Violet Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
City Cemetery 4-29-37

19. UNDERTAKER (ADDRESS) David Van Fossen

20. FILED APR 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/12/37 to 3/20/37

I last saw him alive on 3/20/37, 19. Death is said

to have occurred on the date stated above, a. p. m.

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

Hypertrophy of Prostate  
with thickening of bladder -  
prostatic stones  
Date of onset 10-36  
10-36  
3/15/37

Other contributory causes of importance:

Transurethral resection of prostate 2/22/37

Name of operation Diverticulostomy Date of 3/15/37

What test confirmed diagnosis? Clonal 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? (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) Thos W. Soam, M. D.

(Address) City Hospital No. 1

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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