

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

Do not use this space.

1. PLACE OF DEATH  
 CED 10 1937

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Lutheran Hospital**)  
 Registered No. **7625** St. .... Ward)

28992

2. FULL NAME **William Bert Reese**  
 (a) Residence, No. **4248 A Wyoming St.** St. **16** 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) **Sept. 12, 1912**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**24 10 29**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Treasurer**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Fox Theatre**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **MO.**

13. NAME **William Reese**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **MO.**

15. MAIDEN NAME **Pauline Bert**

16. BIRTHPLACE (CITY OR TOWN) **New Athens** (STATE OR COUNTRY) **Ill.**

17. INFORMANT **William Reese** (ADDRESS) **4248 A Wyoming St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset** DATE **8-13** 19 **31**

19. UNDERTAKER **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FUNERAL **AUG 12 1937** Registrar **J. B. Bredbeck** (Address) **311 S. Grand**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 30, 1937** to **Aug 10, 1937**  
 I last saw him alive on **Aug 10, 1937** Death is said to have occurred on the date stated above, at **8:20 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

*Acute suppurative appendicitis*  
 Other contributory causes of importance: *Pneumonia (Septic)*

Name of operation *Appendectomy* Date of **July 30, 37**  
 What test confirmed diagnosis? ..... 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 **1**

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
 If so, specify **1**  
 (Signed) *J. B. Bredbeck*, M. D.  
 (Address) **311 S. Grand**

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.

18713

AUG 12 1937

