

OCT 14 1937

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

32272

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Alexian Bro 1003** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **72** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8326**2. PRINT FULL NAME **Frank M Reader**

(a) Residence, No. **5202 Maffit Ave** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7/20/65**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 **1** **11**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as saw mill, bank, etc. **unemployed**
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 Mo.**

13. NAME **George M Reader**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **K. Y.**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Mrs Blanche Nachter 5202 Maffit Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cemt.** DATE **9/4/37**19. FUNERAL DIRECTOR (ADDRESS) **Harrigan & Sheehan Und Co 4414 Washington Blvd.**20. FILED **J. Bredeck** Local Registrar.

SEP 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/1/37** 19**37**22. I HEREBY CERTIFY, That I attended deceased from **8-30**, 19**37**, to **9-1**, 19**37**.I last saw him alive on **9-1**, 19**37**. Death is said to have occurred on the date stated above, at **5:15** pm.

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

Chronic myocarditis Date of onset

Other contributory causes of importance:

Cerebral arteriosclerosisName of operation **BROOK H JACOB** 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? **No**By, specify (Signed) **Edmond Sassini**, M. D.(Address) **505 Humboldt St**

*In answer to
Humberholt 10/19
3-4*

STATEMENT BY LICENSED EMBALMER

I, **Albert M. Koppe**, Licensed Embalmer No. **1861**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **Me**

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____
Licensed Embalmer No. **1861**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)