

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

32581
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. 19 ds.

Registration District No.....
Primary Registration District No.....

791
1003

Registered No. 8635

(d) Street No. Deaconess Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Reese

(a) Residence, No. St. NR Warrenton, Missouri
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
80 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. (His Own)
10. Date deceased last worked at this occupation (month and year) June 1927 11. Total time (years) spent in this occupation 60 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton, Missouri

FATHER 13. NAME Henry Reese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edward Reese
(ADDRESS) Warrenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL Warrenton, Mo. DATE Sept. 16th, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 14 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13th 37

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1937, to Sept 13, 1937.
I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Sept 10/37

Other contributory causes of importance:
Hypertrophy of Prostate gland 1935

Suprapubic cystostomy
Name of operation clinical Date of Sept 1/37
What test confirmed diagnosis? lymphatic 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
If so, specify
(Signed) Joseph E. Glenn, M. D.
(Address) 958 Grand Blvd

STATEMENT BY LICENSED EMBALMER

I, Guy Wilkinson, Licensed Embalmer No. 3575

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

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)