

OCT 26 1937

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

35230
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 786
(b) Township _____ Primary Registration District No. 4469 Registered No. 47
(c) City Maplewood (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Celestine Reeb

(a) Residence, No. 4414 Michigan Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Ardell Reeb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1900.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traffic Manger.
9. Industry or business in which work was done, as saw mill, bank, etc. Loose Wiles Biscuit Co.
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) Belleville, Ills.

FATHER 13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Ardell Reeb
4414 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ills. DATE Sep. 30, 1937.

19. FUNERAL DIRECTOR (ADDRESS) J. H. Eubank & Co.
2842 Meramec St.

20. FILED Oct 11 19 Pauline Crestant
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____

Other contributory causes of importance:
Coronary Occlusion

Name of operation None Date of _____
What test confirmed diagnosis? Medical History 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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) John D. Connell M. D.
Coroner, St. Louis Co. (Address)

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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Mrs. Howard

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken Licensed Embalmer No. 2120
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 Herman A. Gebken
Licensed Embalmer No. 2120

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.)