

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

36099
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **De Paul Hospital** 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 **Infant Of John And Ethel Reaban**
(a) Residence, No. **4682 Kossuth Ave.** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16 - 1937**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn **47** min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 16th 1937**
22. I HEREBY CERTIFY, That I attended Deceased from **Oct 16 1937** to **Oct 16 1937**
I last saw him alive on **Oct 16 1937** Death is said to have occurred on the date stated above, at **1.16 am**
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Reaban** 14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Ethel HARNESS** 16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

Stillborn
Respiratory failure
Cerebral monster
Other contributory causes of importance
Name of operation **157d** Date of.....
What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT **John Reaban** (ADDRESS) **4682 Kossuth Ave**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Oct 18th 1937**
19. FUNERAL DIRECTOR **Stroot-Carroll** (ADDRESS) **4609 Natural Bridge**
20. FILED **OCT 18 1937** **J. Bredeck** Local Registrar.

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) **Carl H. Taylor**, M.D.
(Address) **705 - Oliver**

STATEMENT BY LICENSED EMBALMER

I, Frank H. Stroot Licensed Embalmer No. 2265

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 Frank H. Stroot

Licensed Embalmer No. 2265

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.)