

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

39309

Do not use this space.

1. PLACE OF DEATH

DEC 13 1937

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **2327 ST. LOUIS AVE** Registered No. **10296**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. **UNKNOWN** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **WILLIAM R. REEVES**

(a) Residence, No. **2327 AT LOUIS AVE** St. **20**
 (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 **NELLIE REEVES**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 23, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 10

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. **BLACKSMITH**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **UNKNOWN**
 (STATE OR COUNTRY) **ILLINOIS**

13. NAME **GEORGE REEVES**

14. BIRTHPLACE (CITY OR TOWN) **INDIANA**
 (STATE OR COUNTRY)

15. MAIDEN NAME **NANCY CARPENTER**

16. BIRTHPLACE (CITY OR TOWN) **INDIANA**
 (STATE OR COUNTRY)

17. INFORMANT **NELLIE REEVES**
 (ADDRESS) **2327 ST. LOUIS AVE**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **ODIN, ILL** DATE **NOV. 6, 1937**

19. FUNERAL DIRECTOR **Goodhart & Goodhart**
 (ADDRESS) **2228 Olive St. St. Louis, Mo.**

20. FILED **NOV 5 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/4/1937**

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 **5:30 A.M.**

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

Coronary Thrombosis
 Date of onset

Other contributory causes of importance

Atherosclerosis

Name of operation 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**
 If so, specify
 (Signed) **Joseph M. Quinn** M.D.
 (Address) **St. Louis, Mo.**

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.

211
 11/29/37

STATEMENT BY LICENSED EMBALMER

Charles Goodhart

Licensed Embalmer No. *2777*

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

Charles Goodhart

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

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.)