

JAN 24 1938

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

46750
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 790
 (b) Township Clayton Primary Registration District No. 6033a Registered No. 487
 (c) City Clayton (d) Street No. St. Louis County 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 Andrew Reeves
 (a) Residence, No. 604 E. Argonne St. Kirkwood Mo.
 (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 Ida Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 9. Industry or business in which work was done, as saw mill, bank, etc. ovr
 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) Tenn.

FATHER 13. NAME unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME Ethel unknown

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

17. INFORMANT Ida Reeves
 (ADDRESS) 604 E. Argonne

18. BURIAL, CREMATION, OR REMOVAL PLACE PARK HILL DATE JAN 2, 1938

19. FUNERAL DIRECTOR Louis N. Bopp
 (ADDRESS) Kirkwood, Mo.

20. FILED 12/31 1937 Dora J. Squorelli
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-21-37, 1937, to 12-30-37, 1937.

I last saw him alive on 12-30-37, 1937. Death is said to have occurred on the date stated above, at 2:05 P.M.

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

Arteriosclerotic heart disease
Cerebral apoplexy
95%

Date of onset
unk
Oct '37

Other contributory causes of importance:
Diagnosed arteriosclerosis
Senility
unk

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?.....
 If so, specify.....

(Signed) R. J. Lusk, M. D.
 (Address) St. Louis County Hosp.

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

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

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)