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.

REC'D MAR 14 1938

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

4674
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1319
(c) City St. Louis (d) Street No. 2601 N Whittier 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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gaziola Reedus 32 d
(a) Residence, No. 2817 Thomas St. 21
(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 F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1918
7. AGE YEARS 19 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Factory Worker
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) (STATE OR COUNTRY) Arkansas

FATHER
13. NAME John Reedus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Rosie Kendal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 5th 1938
19. FUNERAL DIRECTOR (ADDRESS) C. Young 4400 Kennerly Ave
20. FILED FEB 5 1938 J. F. Bu[illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937, to Feb. 1, 1938
I last saw her alive on Feb. 1, 1938. Death is said to have occurred on the date stated above, at 1:28p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	12/19/37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clark Young, Licensed Embalmer No. 337

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 337

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)