REC'D MAR 24 1938

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

8100
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 1 Registration District No. 784
(b) Township ~~Clayton~~ Primary Registration District No. 101 Registered No. 41 Df
(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 Anna K? D? Reese 200
(a) Residence, No. 2632 Margaret Ave. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman C. Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
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) Hamberg Germany 6

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

MOTHER
15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Marie Thoms 2632 Margaret Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New ST. Marcus DATE March 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Jay B. Smith Funeral Home 7456 Manchester Ave, Maplewood, Mo.

20. FILED 3-5 1938 T. R. Meyer M.D. Dr P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/16/38, 19..., to 3/5/38, 19...
I last saw her alive on 3/5/38, 19... Death is said to have occurred on the date stated above, at 12:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/-/38

Other contributory causes of importance: 34

Chr. Myocarditis	?
Gen. Syphilis	?
Senility	?

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) R. D. Robinson, M. D.
(Address) St. L. Co. Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

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 Howard F. Rowland

Licensed Embalmer No. 3114

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