

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

20278
Do not use this space.

DEC'D JUL 12 1938

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis,
(d) Street No. Home for the Aged (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. da.

3
1
Registration District No. 791
Primary Registration District No. 1003

Registered No. 5417

2. PRINT FULL NAME

John Reel
(a) Residence, No. 3400 So. Grand Blvd. St. 16
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know. 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 77 -- -- --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer Day.
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) St. Louis, Mo.

FATHER 13. NAME Bernard Reel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Sister Seraphine
3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE June 17, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. Gibbons & Co.
2842 Meramec St.

20. FILED J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to June 15 1938
I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 2:30 p.
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 6/15/38
Postoperative enlarged prostate benign
Arterio Sclerosis 1936

Name of operation Postoperative Date of 5/27/38

What test confirmed diagnosis? Was there an autopsy?

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) J. T. Bredeck, M. D.
(Address) Miss Clatiff

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120
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 Herman A. Gebken
Licensed Embalmer No. 2120

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.)