

REC'D NOV 16 1938

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

34236
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**
(b) Township..... 1 Primary Registration District No. **1003** Registered No. **9222**
(c) City **St. Louis,** (d) Street No. **5650 Pershing Ave.** 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 **Roy R. Reasor.**

(a) Residence, No. **5650 Pershing Ave.** St. **12**
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 18, 1894.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Auto Salesman.**
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) **New Albany,** (STATE OR COUNTRY) **Indiana.**

13. NAME **Dont know.**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know**

15. MAIDEN NAME **Dont know**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know**

17. INFORMANT **Dr. C. L. Glendore.** (ADDRESS) **512 Humbolt Bldg.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Corydon, Indiana.** DATE **Oct. 25, 1938.**

19. FUNERAL DIRECTOR (NAME) **Geo. L. Pleitsch Inc.** (ADDRESS) **5966 Easton Ave.**

20. FILED **OCT 25 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on **5/30**, 19..... Death is said to have occurred on the date stated above **5/30** m.

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

Diabetes Mellitus Date of onset

Other contributory causes of importance:

Local Pneumonia
Chronic Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **No**
If so, specify.....
(Signed) **Regl. M. J. ...** M. D.
(Address) **Deputy ...**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454

David E. Gibson

or by

Registered Apprentice No., working under my personal supervision.

Signed

David E. Gibson

Licensed Embalmer No. 3454

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.