

REC'D JAN 11 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH
40942  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... / Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. St. Anthony's Hospital Registered No. 10634  
 (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

366 Sidney C. Reeder  
 (a) Residence, No. 4523 S. Broadway St. 15  
 (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 Elizabeth Reeder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 2 28

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police Officer  
 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) Waterloo Ill

 FATHER 13. NAME Daniel Reeder

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

 MOTHER 15. MAIDEN NAME Elizabeth Lunsford

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

 17. INFORMANT Elizabeth Reeder  
 (ADDRESS) 4523 S. Broadway

 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 12-12-38

 19. FUNERAL DIRECTOR (NAME) Schumacher Und. Co.  
 (ADDRESS) 3013 Keramec St.

 20. FILED DEC 10 1938 J. B. Budak  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 1938

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

 I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 9:00 a.m.

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

*Carcinoma of Stomach  
 Suicidal Mentality  
 in peritoneal cavity*

Other contributory causes of importance:

Name of operation ..... Date of ..... HCBWhat 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? 4

If so, specify .....

(Signed) Alfred Perry, M. D.(Address) Deputy Coroner

WHILE IN LAUREL; WITH CONTINUING INVA--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.

I I XI 4028

**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, .....

*George J. Dehaene*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *George J. Dehaene*

Licensed Embalmer No. *2906*

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.**