

JUL 12 1939

791 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

1003

Primary Registration District No.

Registrar's No.

5674

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4375 Forest Park Blvd. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Nellie G. Reeser

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Shelley A. 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Nov. 5 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>22</u>	hr. _____ min.

9. Birthplace Penn. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unk. Snyder
 13. Birthplace Penn.

MOTHER FATHER { 14. Maiden name Unk. Bollinger
 15. Birthplace Penn.

16. (a) Informant's own signature Nellie G. Reeser
 (b) Address 4375 Forest Park Blvd.

17. (a) Burial (b) Date thereof 6-30-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) JUN 28 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4375 Forest Park Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1939 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from Feb. 5
 _____, 1937, to June 27, 1939
 that I last saw her alive on June 27, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Hypertensive heart disease 1936

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature Truman S. Drake (M. D. or other) _____
 Address 114 N. Taylor Date signed 6-27-39

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically

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.

FORM NO. 1 (REVISED 1-27-39) U.S. GOVERNMENT PRINTING OFFICE: 1938

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.