

No. 2  
11-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12455

State File No. \_\_\_\_\_

FILED APR 8 1940  
Registration District No. 784

Primary Registration District No. 116

Registrar's No. 611

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
621 Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 1 3-10

3. (a) PRINT FULL NAME George W. Reeves  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Margaret Reeves 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 5, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Teamster

11. Industry or business \_\_\_\_\_

12. Name Nathaniel B. Reeves  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Reeves TAYNE  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Cross  
(b) Address Valley Park, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 3-29-40  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Church

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) MAR 28 1940 (b) D. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 621 Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Quarant  
1939 to March 27, 1940  
that I last saw him alive on March 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 97  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

707  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Anna M. Seibert (M. D. or other) 1  
Address Valley Park, Mo Date signed 3/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Liebert  
244

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**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 J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**