

MAY 15 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3105

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1604a Dolman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Anna Reece 200

3. (b) If veteran, name war nil 3. (c) Social Security No. ni

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

6. (b) Name of husband or wife Thomas J. Reece 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 11, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 22 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name William H. Thomas

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

14. Maiden name Sinia E. Harris

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Reece

(b) Address 1604a Dolman St.

17. (a) Burial (b) Date thereof April 5-40
(Burial, cremation, or removal) new St. Louis (Mo) Cem
(c) Place: burial or cremation Mt. Hope Gemetery Cem

18. (a) Signature of funeral director Wm. C. Moydell
(b) Address 1926 Allen Ave

19. (a) APP 3 1940 (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3,
year 1940 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from March
20, 1940, to April 2, 1940;
that I last saw her alive on April 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Central arteriosclerosis year

Due to _____

Due to _____

Other conditions Senile Psychosis 2000
(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) (e) Means of injury _____

23. Signature Walter Ford (M.D. or other) _____
Address 1515 Lafayette 1/23/40 Dec.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Bery C Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.