DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33627

NOV 16 1940

Registration District No. 791 — Primary Registration District No. 1009 — Registrar's No. 8324

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hosp. 1 (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis 1 (If outside city or town limits, write "RURAL")
0 (d) Street No. 6017 S. Grand Bld. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adelaide Reber
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. Leo. W. Reber
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 11 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	0	24	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife 1
11. Industry or business 1
FATHER
12. Name James Heeley
13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Dr. Leo. W. Reber
(b) Address 6017 S. Grand Bld.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.
19. (a) OCT 7 1940 (Date received local registrar) (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1940 hour 7 minute 00 a. M.
21. I hereby certify that I attended the deceased from June 30, 1940, to Oct 5, 1940 that I last saw her alive on Oct 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	?
Pernicious anemia	?
Due to hypertension, advanced arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature Thomas C. Bridwell (M. D. or other) M.D.
Address 4660 Maryland Date signed 10/6/40

(Licensed Embalmer's Statement on Reverse Side) BIRD SALE

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shank

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.