

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36821**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9094**

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5360 Wells Ave.
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5360 Wells Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Mary Reel
3. (c) Social Security No. None
8. (b) If veteran, name war _____

20. DATE OF DEATH: Month November day 2
year 1940 hour 7 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years
August 15 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1936 to Nov 7 1940
that I last saw her alive on Nov 7 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 2 18 _____ hr. min.

Immediate cause of death
myocarditis chronic 5 yrs?
Nephritis chronic 5 yrs?
Due to _____

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

Due to _____
Other conditions (Include pregnancy within 3 months of death)
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10. Usual occupation At Home
11. Industry or business _____
12. Name Patrick Reel
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Aime Devine
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. W. Weaver
(b) Address 4116 Russel Ave.
BURIAL
17. (a) (Burial, cremation, or removal) (b) Date thereof 11 - 6 - 40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) (Date received local registrar) (b) J. B. Brudick
(Registrar's signature)

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) (c) Means of injury _____
23. Signature Paul Brown (M. D. or other) Nov 4 1940
Address Paul Brown Bldg. Date signed

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

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

Fred Trick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.