

No. 2
-11-10-39
5-17-39
1 X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43694

State File No. _____

JAN 25 1941

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 212

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
431 N. Second Street
(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

3. (a) PRINT FULL NAME Emma Reeves

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

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

6. (b) Name of husband or wife Robt. S. Reeves 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business /

MOTHER FATHER

12. Name Jerry Brewster /
13. Birthplace Mc Hards, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Gustafson
15. Birthplace Cashondale, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. N. Dillinget
(b) Address Grand Tower, Illinois

17. (a) Burial (b) Date thereof Dec. 11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo. 67A
(Specify type of place)

18. (a) Signature of funeral director H. C. Dillinget & Sons Co
(b) Address 800 N. Second, St. Charles, Mo

19. (a) 11/9/40 (b) Clarence S. Mueller
(Date received local registrar) (Registrar's signature) CS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 431 N. Second St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1940 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 6-1940
to Dec 8 1940
that I last saw her alive on Dec 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
acute intestinal obstruction 2 days

Due to do not know. refused hospitalization. Unable to determine cause from examination in home

Other conditions (Include pregnancy within 3 months of death)
12 1/2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 1 (e) Means of injury _____

23. Signature Vincent A. Schneider (M. D. or other) M.D.
Address St. Charles, Mo Date signed Dec 9-40

WRITE PLAINLY—USE UNFADING 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 John B. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Ill

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.