. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29933

Registration District No. 791 FILED OCT 18 1941 Primary Registration District No. 1003 Registrar's No. 7272

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: 3016 WALTON PLACE 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 MISSOURI (b) County 000
(c) City or town ST. LOUIS 6 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3016 WALTON PLACE 9 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James E. Reese
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife May Reese
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 20 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	18	hr. min.

9. Birthplace 1 (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation ATTORNEY
11. Industry or business
FATHER
12. Name Sam Reese
13. Birthplace 1 (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name MARY WILSON
15. Birthplace 1 (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant MRS. MAE REESE
(b) Address 3016 WALTON PLACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director SULLIVAN
(b) Address 2849 No Euclid Ave
19. (a) SEP 6 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~June~~ 9 day 8th A.M. year 1941 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from Aug 20/41, 19__, to Sept. 7, 1941; that I last saw him alive on Sept. 7, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration

Due to Coronary disease & 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 0
23. Signature O. W. FREITAG (M. D. or other)
Address 6323 Page Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Freitag
6323 Page
PA-0548

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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

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