. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12985

Registrar's No. 4203

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: 3226a Cherokee St.
(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 16 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3226a Cherokee St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) U

If yes, name country

3. (a) PRINT FULL NAME Belle Reagan

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 John J. Reagan

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. (Month) 5 (Day) 1878 (Year)

8. AGE: Years 63 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation athome

11. Industry or business

FATHER
12. Name Marion Ogden
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Marie Riney
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Nell Jackson
(b) Address 3226a Cherokee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 12 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1942 hour 1 minute 50 a. M.

21. I hereby certify that I attended the deceased from Nov 1941 to May 11th 1942 that I last saw her alive on May 11 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of bladder with anemia & metastases to liver	8 mo.
Due to	
Due to Urinary	
Other conditions (Include pregnancy within 3 months of death) 52 hr	
Major findings: Of operations 52 hr	
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

23. Signature D. D. Michael (M. D. or other) M.D.

Address 506 Olive Date signed 5/17/42

(Licensed Embalmer's Statement on Reverse Side)

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. Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av.

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, fact should be so stated above.