S. No. 2
—1-4-41
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-1 X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19926

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5881

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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: Luthern Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 59
(a) State Missouri (b) County Jefferson
(c) City or town Pevely NR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eunice Reece

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 Married

6. (b) Name of husband or wife WALTER REECE

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct 23 1918 (Month) (Day) (Year)

8. AGE: Years 23 | Months 8 | Days 18 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Scaggs
13. Birthplace Unk. Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Kennedy
15. Birthplace Bonne Terre, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Walter Reece
(b) Address Pevely, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Herculanium, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) JUL 11 1942 (Date received local registrar) J. F. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/21 1942 to 7/10 1942 that I last saw her alive on 7/10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute cardiac dilatation due to the toxemia of pregnancy
Due to Toxemia of pregnancy
Due to Colampsia
Other conditions Pregnancy (Include pregnancy within 3 months of death) 6/21 to 7/10

Major findings:
Of operations None
Of autopsy Acute cardiac dilatation

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 G. O. Gover M.D. (M. D. or other) M.D.
Address 607 N. Grand Blvd. Date signed 7/12/42

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.