

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

FILED FEB 4 1943

318

1003

Registration District No.

Primary Registration District No.

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1 mo; 23 days**
In this community **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3715 Market St** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Alexander Reeves**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased. **January 18 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 18 10 hr. min.

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

10. Usual occupation **Nil**

11. Industry or business **Nil**

MOTHER FATHER { 12. Name **Simon Reeves**

13. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie McKinley**

15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Salye J. Coleman**
(b) Address **2601 N Whittier St**

17. (a) Date hereof **1-11-43**
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **JAN 29 1943** (b) **J. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **5**
year **1943** hour **10** minute **40** A.M.

21. I hereby certify that I attended the deceased from **11-18-42**, 19....., to **1-5-42**, 19.....;

that I last saw him alive on **1-5-42**, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death. **Hypertensive Heart Disease Arteriosclerosis**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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?..... (Specify type of place) (c) Means of injury.....

23. Signature **Dr. S. E. Smith** (M.D. or other)
Address **2601 N. Whittier St.** Date signed **1/9/43**

Duration **Indef**
" "
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.