V. S. No. 2
50M—5-42
ev. 5-17-39
X32879

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19091

D MAY 22 1943

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 1187

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(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:

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. 27 Oakridge
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Benjamin Franklin Reese

3. (b) If veteran, name war No

3. (c) Social Security No. 490-32-6696

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Lee Reese

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased 4 (Month) 23 (Day) 1911 (Year)

8. AGE: Years 32 | Months 0 | Days 21 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Andrews Reese
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rosie Gardener
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Ethel Lee Reese
(b) Address S. Kinloch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 22 (Day) 43 (Year)
(c) Place: burial or cremation Fr. Dicksons Cem
~~Washington Park~~

18. (a) Signature of funeral director Boyd Brois
(b) Address Lix & Stanza S. Kinloch, Mo.

19. (a) 5-20-43 (Date received local registrar) (b) Colly McFarron Mgr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while changing a tire on another automobile on a public highway — Duration

Due to Multiple abrasions & fractures, rupture of kidney & spleen, laceration of lung, fracture of pelvis.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 1700c-4 21

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) 096
(b) Date of occurrence May 16, 1943
(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?
Public Place (Specify type of place)
While at work? ..... (e) Means of injury 7

23. Signature Louis H Rapp Coroner (M. D. or other)
Address Kirkwood, Mo. Date signed 5-18-43

(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.....

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.