. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15509

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4850

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI PACIFIC Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED: 444

(a) State ILL (b) County ST CLAIR
(c) City or town E. ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2111 MO AVE (If rural, give location) N.R.
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Marion Reel
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife NELLIE
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased OCT (Month) 6 (Day) 1888 (Year)

8. AGE: Years 56 Months 7 Days 24 If less than one day hr. min.

9. Birthplace VINCENSE (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business SWITCHTENDER MO P. RR
FATHER
12. Name GEORGE REEL
13. Birthplace VINCENNSE (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name SARAH SNYDER
15. Birthplace " " (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant Marvin Ozell
(b) Address 801 Michigan Ave
17. (a) E. ST LOUIS (Burial, cremation, or removal) (b) Date thereof May 31 (Month) (Day) 1945 (Year)
(c) Place: burial or cremation E. ST LOUIS
18. (a) Signature of funeral director Harry Robins
(b) Address East St Louis Ill
19. (a) MAY 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 9 minute 30 a M.
21. I hereby certify that I attended the deceased from May 29, 1945 to May 30, 1945 that I last saw him alive on May 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 10 yrs +
Due to
Due to
Other conditions Old leg amputation (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 D
23. Signature John Crowe (M. D. or other)
Address Mo Pac Hosp. St Louis Date signed 5/30/45

(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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ills

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.