

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7093**

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:
St. Louis Childrens 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 2 Da.
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3536A So. Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Reeves, Joann
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 Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 1 1934
(Month) (Day) (Year)

8. AGE: Years 11 / Months 1 / Days 8 / If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER { 12. Name Dee Reeves
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marie Schymos
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dee Reeves
(b) Address 3536A So. Compton

17. (a) Burial (b) Date thereof 8/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director G.W.M. Laughlin
(b) Address 2301 Lafayette

19. (a) AUG 13 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 45 hour 6 minute 05 PM.
21. I hereby certify that I attended the deceased from 7-10-45
....., 19....., to 8-9-45, 19.....;

that I last saw h.s.r. alive on 8-9-45, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration

Due to Rheumatic heart disease

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Albert B. Forbes (M. D. or other).....
Address 500 So. Kingshighway Date signed.....

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

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 L. R. Coazer

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.