

FILED MAR 20 1946
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2341

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: Mo. Pacific 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 St. Louis Mo. city
(If outside city or town limits, write "RURAL")

(d) Street No. 5060 Northland
(If rural, give location)

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

3. (a) PRINT FULL NAME George Aloys Reese

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-0698

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1946 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 8
1946 to March 9 1946
that I last saw him alive on March 9 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife TREASA DUFFY Reese

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: JUNE 24 1901
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis

Due to _____

Due to _____

Other conditions: Paralytic Stenosis
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

Major findings: None

Of operations: None

Of autopsy: None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation accountant

11. Industry or business Mo. Pacific Railroad

12. Name George Reese

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

14. Maiden name Catherine Mc Donough

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

16. (a) Identification Mrs. Treasa Reese

(b) Address 5060 Northland

17. (a) Burial (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

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

(b) Address 1225 Union Blvd.

19. (a) MAR 11 1946 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury NO

23. Signature Edward D. Campbell (M. D. or other) _____
Address 1255 S. GRAND St. Louis Date signed 3-9-46

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

MOTHER FATHER

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..... *Robert G. Kasper*

Licensed Embalmer No..... *2971*

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.