

S. No. 2
M-1/47
v. 5-17-39

FILED NOV 7 1947 318

Primary Registration District No. 1003

Registrar's No. 9970

901

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

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:
4213a Cleveland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
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. 4213a Cleveland Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
17
If yes, name country.....

3. (a) PRINT FULL NAME..... Sarah I. Reeves

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex..... Female

5. Color or race..... White

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... 6 years
1862

7. Birth date of deceased..... December 6 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>22</u> hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... James Reeves

(b) Address..... 4213a Cleveland

17. (a) Burial (b) Date thereof..... 10-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Hope Cemetery

18. (a) Signature of funeral director..... Fred M. Williams

(b) Address..... 4535 Washington Blvd.

19. (a) Oct 29 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 28
year..... 1947 hour..... 5 minute..... 9 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.....
Cervical Sclerosis
Atherosclerosis

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of 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..... 3

23. Signature..... Alfred Perry (M. D. or other) 3
Address..... Springfield Date signed..... 10/29/47

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 _____

Oliver R. Cadwell

Licensed Embalmer No. 4077

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.