No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2999

Registrar's No. 177

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 7127 Lanham Ave.
(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 .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7127 Lanham Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CHESTER WEAVER RESE
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
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 June (Month) 24 (Day) 1905 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 6 | 12 | ..... hr. ..... min. |

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Insurance Broker
11. Industry or business For Self

FATHER
12. Name William C. Rese
13. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Norah Weaver
15. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant William C. Rese
(b) Address 7127 Lanham Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JAN 7 1948 (Date received local registrar) (b) Jos Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 5:30 minute ..... A.M.
21. I hereby certify that I attended the deceased from Jan 5, 1948 to Jan 6, 1948 that I last saw him alive on Jan 6, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lobar Pneumonia | 7 |
| Due to — | |
| Due to — | |
| Other conditions — (Include pregnancy within 3 months of death) | |

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
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 —
23. Signature Vernon J. Townsend (M. D. or other)
Address 3101 a Sutton Ave Maplewood Mo Date signed 1-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3/01/2 [illegible]

## 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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**