FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21258

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5225

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: Mo. Baptist Hospital 0
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4415 Margaretta Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? 10 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl Ray Reeves

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 31 (Day) 1948 (Year)

8. AGE: Years | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Helen Reeves
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Florence Hoover
(b) Address 4415 Margaretta Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 6.1.48, 19..., to 6.5.48, 19...; that I last saw him alive on 6.5.48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Inanition and bowel obstruction

Due to: Op. for Pylaric Stenosis June 1st

Due to

Other conditions (Include pregnancy within 3 months of death) 1 22

Major findings: Of operations: Hypertrophic Pylaric muscle & Kinked bowel

Of autopsy: Torsion or Kink of Small bowel

Duration

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 Hudson Talbott (M. D. ~~or other~~) 0

Address Metropolitan Blg Date signed 6/7/48

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

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

(2-4)

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 Albert R. Thompson

Licensed Embalmer No. 1237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.