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17-39  
3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED NOV 12 1948

318

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34598  
Registrar's No. 9347

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town ST LOUIS  
(c) Name of hospital or institution 1217 (W) 53rd St. 1  
(d) Length of stay: In hospital or institution 60 yrs  
In this community 60 yrs

3. (a) PRINT FULL NAME Lewis Reese  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male  
5. Color Col  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 6 10 1869  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 13  
If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Wilson Reese

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

14. Maiden name Nancy Johnson  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Delmar Brown

(b) Address 1833a Franklin

17. (a) Burial, cremation, or removal Greenwood  
(b) Date thereof 10-30-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bernice Love

(b) Address 3103 Washington

19. (a) 001 29  
(b) J. B. Casate

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County  
(c) City or town ST LOUIS  
(d) Street No. 1217 (W) 53rd St. 1  
(e) Citizen of foreign country? 22  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 23rd  
year 1948 hour 4:00 minute P. M.  
21. I hereby certify that I attended the deceased from

that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
Due to 1 1/2 day  
Due to 1 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
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 Thomas J. Callahan  
Address Date signed

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.**