U. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 38883

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 330 Saratoga
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Myrtle Reese

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) 30 (Day) 1900 (Year)

8. AGE: Years 48 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Willis Foster
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Nichols
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lalla Reese
(b) Address 142 Euclid Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dixon

18. (a) Signature of funeral director Susie C Lewis
(b) Address 22 Euclid av

19. (a) 11-23-48 (Date received local registrar) Thurid V Lemmingen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st year 1948 hour minute a.M.

21. I hereby certify that I attended the deceased from Oct. 14th, 1948, to Nov. 21st, 1948; that I last saw her alive on Oct. 28th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Cerebral accident - reoccurring after January accident 1948

Due to

Other conditions Diabetic Complications
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. B. Waters (M. D. or other)

Address Kirkwood, Mo Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.