

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39192

State File No. ....

10239

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>3230 A Lucas ave</i>	
3. NAME OF DECEASED a. (First) <i>Minnie</i>		b. (Middle)	
c. (Last) <i>Reaves</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 25 1949</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 12 1897</i>
9. AGE (In years last birthday) <i>52</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dancer</i>	11. BIRTHPLACE (State or foreign country) <i>Judeo Vill 1 ga.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>J. T. Carter</i>	
13b. MOTHER'S MAIDEN NAME <i>Marie Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Henderson Reaves</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>J. T. Johnson</i>		ADDRESS <i>3230 Lucas ave</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Head of Pancreas with distant Metastases</i> INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
ANTECEDENT CAUSES DUE TO (b) <i>Biliary Obstruction</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cervix</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4609</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>15 ft. fall</i>			
22. I hereby certify that I attended the deceased from <i>9-6</i> , 19 <i>49</i> , to <i>11-25-</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>11-25</i> , 19 <i>49</i> , and that death occurred at <i>10:30 am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>James J. Hedrick M. D. V</i>		23b. ADDRESS <i>2601 N Whittier St</i>	
23c. DATE SIGNED <i>11-28-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>11-30-1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay Mo</i>	
DATE REC'D BY LOCAL <i>NOV 28 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Andrew H. Butler</i>		ADDRESS <i>212 Carroll</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thaddeus J. Gardner

Licensed Embalmer No. 4243

P. O. Address 140 E. Bridge

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

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