

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6703**
1817

BIRTH **FILLED MAR 12 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2067	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead City Hospital		e. STREET ADDRESS (If rural, give location) 1333a Arlington Ave.	

3. NAME OF DECEASED a. (First) John b. (Middle) Frederick c. (Last) Reaser Sr.			4. DATE OF DEATH February 24, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 19, 1922		9. AGE (In years last birthday) 31	IF UNDER 1 YEAR 5	IF UNDER 24 HOURS 5	IF UNDER 15 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxicab Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Black & White Cab Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo, 0		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME William J. Reaser		13b. MOTHER'S MAIDEN NAME Margaret Siebum		14. NAME OF HUSBAND OR WIFE JO Anne Reaser	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2	16. SOCIAL SECURITY NO. 500-18-4858	17. INFORMANT'S SIGNATURE OR NAME JO Anne Reaser ADDRESS 1333a Arlington Ave.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning, self administered, by attaching hose to exhaust and inserting inside taxicab in which deceased was sitting in front of about 4316 Fyler Ave. exact time unknown, on February 24, 1954, while suffering a temporary mental aberration. suicide.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT OR SUICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, (also bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo.	
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21d. TIME OF INJURY Feb 24 54 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9731	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **800A** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor Corner (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2 25 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/1/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. FEB 25 1954	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons Und. Co. 2630 Gravois		
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(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

Robert F. Gubke

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.