

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17274**
Registrar's No. **4190**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St Louis**
c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **(on route to Home B. Shilly)**
e. STREET ADDRESS (If rural, give location) **1213 N. 11th St. 256**

3. NAME OF DECEASED
a. (First) **Annie Mae** b. (Middle) **Reese** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 6 54**

5. SEX **F** 6. COLOR OR RACE **negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **May 1 1919 35**

9a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) **labor** 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **UNKNOWN** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unferman** 13b. MOTHER'S MAIDEN NAME **Sarah Blau** 14. NAME OF HUSBAND OR WIFE **Leroy Reese**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Leroy Reese** ADDRESS **927 N 9th St**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Acute Intestinal Obstruction**
DUE TO (c) **Cancer**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Adhesive band.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____ **5705**

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 **505 P. M.**, from the causes and on the date stated above.

22a. SIGNATURE **Patrick C. Taylor** (Degree or title) **Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **5.10.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **5/12/54** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **East St Louis, Ill.**

DATE REC'D BY LOCAL REG. **MAY 10 1954** REGISTRAR'S SIGNATURE **J. Charles Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Mr. Burt's Funeral Home** ADDRESS **3506 Franklin**

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.....
Signature of Student Embalmer

Signed *Jho J. Yandell*.....

Licensed Embalmer No. *424*.....

P. O. Address *W. Astor St.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.