

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25132

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6366**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MO.</b> )		c. LENGTH OF STAY (in this place) <b>2 mo</b>	c. CITY OR TOWN <b>E. St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		f. STREET ADDRESS (If rural, give location) <b>713 Wabasha</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clifford</b> b. (Middle) <b>R. Reeves</b> c. (Last) <b>Reeves</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-11-1894</b>	9. AGE (In years last birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINE OPER.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ALUMINUM C</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PANA, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Reeves</b>		13b. MOTHER'S MAIDEN NAME <b>IDA MAC SHEARL</b>		14. NAME OF HUSBAND OR WIFE <b>MARY REEVES</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>W.W.I</b>	16. SOCIAL SECURITY NO. <b>489-01-7015</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Reeves</b> ADDRESS <b>E. St. Louis</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, trauma, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	ANTECEDENT CAUSES <b>c metastases</b>		
	Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? _____	<b>177X</b>

22. I hereby certify that I attended the deceased from May 11, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ph. Prudley</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>7/13/54</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>
24d. LOCATION (City, town, or county) (State) <b>Jefferson Apts Mo</b>	DATE REC'D BY LOCAL REG. <b>JUL 13 1954</b> REGISTRAR'S SIGNATURE <b>J. C. Smith Mo</b>	

25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Rohrer</b> ADDRESS <b>E. St. Louis, Ill.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....  
*Frank J. [Signature]*

Licensed Embalmer No. *430*

P. O. Address.....  
*San Francisco*

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.