

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42732
Registrar's No. 11316

| | | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. 42732 | | Registrar's No. 11316 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2311 Menard</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2311 Menard</u> | | 23 | | 22390 | | | |
| 3. NAME OF DECEASED (Type or Print) <u>John Reeves</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | | | |
| 4. DATE OF DEATH <u>Dec. 11, 1954</u> | | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Apr. 8, 1892</u> | | |
| 9. AGE (In years less birthday) <u>62</u> | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME <u>unk Reeves</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Elvira Reeves</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elvira Reeves</u> ADDRESS <u>2311 Menard</u> | | | | | | |
| 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) <u>Carcinoma (Cancer) of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 Months.</u> | |
| 19a. DATE OF OPERATION <u>No</u> | | | 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) m. | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? <u>151X</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept. 18, 1954</u> to <u>Dec. 11, 1954</u> , that I last saw the deceased alive on <u>Dec. 10, 1954</u> and that death occurred at <u>930a. m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>M. A. Walter M.D.</u> (Degree or title) | | | | | 23b. ADDRESS <u>3608 So. Church St.</u> | | | 23c. DATE SIGNED <u>12/13/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-14-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Murphysboro, Ill.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>DEC 13 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Bly. St. Louis, Mo.</u> | | | | | | |

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

-m & B.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Walters
Melba Bldg
Pr. 2-7891

PR1-6080

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 *David Van Fossan*

Licensed Embalmer No. *424*

P. O. Address *Louis*

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.