

FILED OCT 3 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8090**

STATE FILE NUMBER

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brentwood		4511 1 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in 1b 20 Hrs.		d. STREET ADDRESS (If outside, give location) 8121 Fawn Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Lewis Reese				4. DATE OF DEATH Month Aug. Day 30th Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17th 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas A. Reese				14. MOTHER'S MAIDEN NAME Mary McCarthy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Mrs. E.H. McClurg		Address Above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 days	
DUE TO (b) Fracture of left Hip						8 days	
DUE TO (c) Arteriosclerotic Heart Disease						15 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell At home				
20c. TIME OF INJURY Hour 1:20 a. m. 8/28/56 p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Brentwood Missouri		COUNTY, STATE 21 Missouri	
21. I attended the deceased from 8/28/56 to 8/30/56 and last saw her/him alive on 8/28/56 Disease occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Conerit T. Havelock M.D. (Degree or title)				22b. ADDRESS 7820 Coronado let		22c. DATE SIGNED 8/31/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-1-56	23c. NAME OF CEMETERY OR CREMATORY Vathalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.			25. DATE REQD. BY LOCAL REG. SEP 1 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.		

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 *J. P. Burgess*

Licensed Embalmer No. *40*

P. O. Address *Maple*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.