

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020460
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1456
FILED JUN 9 1958

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBSTER GROVES</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>WEBSTER GROVES</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>921 N. ELM</u> Length of stay in lb <u>5 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>921 N. ELM</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>TOBE</u> Last <u>REESE</u>			4. DATE OF DEATH <u>May 31, 58</u> Month <u>May</u> Day <u>31</u> Year <u>58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRS</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 13, 1953</u>	9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>CLAYTON Mo</u>	
13. FATHER'S NAME <u>JOHN TOBE REESE</u>			14. MOTHER'S MAIDEN NAME <u>MAUDE DAVIS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Maude Reese 921 N. ELM</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation in closed ice-box - accidental - during play</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) DUE TO (b) _____		
stating the underlying cause last. DUE TO (c) <u>E92510</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>18</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.) <u>Deceased locked himself in abandoned refrigerator</u>	
20c. TIME OF INJURY <u>2:30 P.M. 5/31/58</u> <u>found</u>		in rear yard of home - found 2 hours after last seen	
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.) <u>ice-box in rear yard of home</u>	
20f. CITY, TOWN, OR LOCATION <u>Webster Groves</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>		20g. CITY, TOWN, OR LOCATION <u>135</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond L. Davis</u> Coroner <u>3</u>		22b. ADDRESS <u>Clayton, Mo.</u>	
22c. DATE SIGNED <u>6/3/58</u>			

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Home</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Father Jacksons</u>		23c. LOCATION (City, town, or county) (State) <u>Crestwood Mo</u>	
24. FUNERAL DIRECTOR <u>J. J. Yordell & Sons</u> ADDRESS <u>177 E. Kirkham</u>		25. DATE RECD. BY LOCAL REG. <u>6-2-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert A. Rombe MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
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1-56
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

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.....
Richard J. Paul

Licensed Embalmer No. *46*

P. O. Address *138 E. 1st St. White Horse*

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