. Health,
& Welfare
S. Public
th Service

S. 300
v. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-030885

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7479

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 19 PEOPLES HSOPITLA — Length of stay in 1b: 2 dyas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN: E. St. Louis 81208 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 32 1326 Mississippi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Climether — Middle: — Last: Reece

4. DATE OF DEATH Month 7 Day 28 Year 58

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ 3 **DIVORCED** ☒

8. DATE OF BIRTH: 1-22-1915

9. AGE (In years last birthday): 43

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (City and state or country): Grenada, Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Greer Reece

14. MOTHER'S MAIDEN NAME: Savannah Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Johnnie Mae Collier — Address: 1324 Mississippi

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mons.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis (Generalized) — 12 mons
DUE TO (c): 420.0A

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Psoas Abscess

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-7-57 to 7-27-58 and last saw her alive on 7-27-58
Death occurred at 7-28-58 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. A. Fingal M.D.

22b. ADDRESS: 1652 Central Ave E St Louis Ill

22c. DATE SIGNED: 7-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-31-58

23c. NAME OF CEMETERY OR CREMATORY: Bon Ker Washington

23d. LOCATION (City, town, or county) (State): E. St. Louis, Illinois

24. FUNERAL DIRECTOR: NASH FUNERAL HOME — ADDRESS: Mr. James Nash Mgr. 111 N. 13th

25. DATE RECD. BY LOCAL REG.: JUL 31 1958

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. Frances Moshe

Licensed Embalmer No. 44

P. O. Address 111 N 13 St

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.