

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027100
STATE FILE NUMBER

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **6218**

5. 300
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| 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 St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital | | Length of stay in lb DOA | d. STREET ADDRESS (If outside, give location) 3911a Folsom Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last REEVES | | | 4. DATE OF DEATH Month June Day 30 Year 1959 |
| 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 Sept. 23, 1930 |
| 9. AGE (In years last birthday) 28 | | 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) Painter | | 10b. KIND OF BUSINESS OR INDUSTRY Jerry Trago Co. | 11. BIRTHPLACE (City and state or country) Centralia, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME James Reeves | |
| 13b. MOTHER'S MAIDEN NAME Helen Beall | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no Yes Korean | | 16. SOCIAL SECURITY NO. 500-30-0668 | 17. INFORMANT Helen Hensic, 3911a Folsom, St. Louis, Mo. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive Skull Fractures with cerebral injuries, traumatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E 901.5 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause (a) Shoulder while working | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, as applicable) fell in street at about 857 am. | | | 20c. TIME OF INJURY Hour 8:57 a.m. Month, Day, Year June 30, 1959 |
| 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, etc.) 265 Street | 20f. CITY, TOWN, OR LOCATION St. Louis Mo COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 905 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Patrick Taylor Carraw (Degree or title) | | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 7.1.59. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7/3/59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |
| 24. FUNERAL DIRECTOR Louis H. Bopp, Inc. Kirkwood ADDRESS | | 25. DATE RECD. BY LOCAL REG. JUL 1 '59 | 26. REGISTRAR'S SIGNATURE Karl Smith, M.D. |

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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 *Francis J. Myland Jr*
Licensed Embalmer No. *4512*

P. O. Address *Richmond, Va*

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.