ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027257
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6759

FILED JUL 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LUTHERAN Hosp.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILL
b. COUNTY
c. CITY OR TOWN: CAHOKIA
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 864 ST. BENEDICT
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First DAVID Middle Last REESE
4. DATE OF DEATH: Month JULY Day 19 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: AUG. 16 1910
9. AGE (last birthday): 50
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: MONSANTO CO.
11. BIRTHPLACE (City and state or country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DAVID H. REESE
13b. MOTHER'S MAIDEN NAME: LIZZIE DALEY
14. NAME OF ~~HUSBAND~~ OR WIFE: ESTHER REESE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: ESTHER REESE Address: CAHOKIA ILL.

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): Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 7/10 X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): → Nephrosclerosis — 7/19
DUE TO (c): 9 Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 446 X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7/10 to 7/19 and last saw her/him alive on 7/18
Death occurred at 8:1 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph Berghud (Degree or title)
22b. ADDRESS: 3038 Grand
22c. DATE SIGNED: 7/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JULY 23 1961
23c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
23d. LOCATION (City, town, or county) (State): GILLESPIE ILL.
24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: JUL 20 1961
26. REGISTRAR'S SIGNATURE: Ford Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347 j

P. O. Address 2906 Ga

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.