

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

19666

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1903**  
 City, St Louis mo (No. James Hopt) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Reed  
 (a) Residence, No. \_\_\_\_\_ St., 11<sup>th</sup> Ward, New Main, Del  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE American Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 0 0

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Coal miner  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Eugene Keathly  
 (Address) Colp 211

15. FILED JUN 10 1927 Mar. 6. Starkoff  
 19\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-27, 1927, to 6-8, 1927, that I last saw him alive on 6-8, 1927, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Non Brain tumor, cerebral  
Malnutrition, dyscephalus, Secondary

(duration) 0 yrs. 4 mos. - ds.

CONTRIBUTORY (SECONDARY) Terminal Broncho-  
pneumonia (duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-4-27

WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed) G. H. Neeske, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) James Hopt.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Colp 211 DATE OF BURIAL June 16 1927

20. UNDERTAKER Eugene Keathly ADDRESS Colp 211

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

