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

Do not use this space.

JUL 9

1. PLACE OF DEATH
County: St Louis — Registration District No. 1123 — File No. 18367
Township: CARONDELET — Primary Registration District No. 6248 — Registered No. 158
City: [illegible] (No. MT. SAINT ROSE SANATORIUM St. ..... Ward)

2. FULL NAME: Howard Reed
(a) Residence. No. 305 Buchanan St., ... Ward. Benton, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): Nov. 18 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Jefferson Co. Ill.

PARENTS
10. NAME OF FATHER: Solomon Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Ill
12. MAIDEN NAME OF MOTHER: Blanche Dennis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Ill

14. INFORMANT: Hospital Record
(Address) MT. SAINT ROSE SANATORIUM

15. FILED May 7, 1928 L. C. Obrock M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1927, to May 6, 1928 that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC PULMONARY TUBERCULOSIS
TUBERCULOUS ENTERITIS
(duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY): TUBERCULOUS ENTERITIS
(duration) not known to me yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown to me
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

L. Schleuker per M. D. Plate, M.D.
(Signed)
5/7/28, 19 (Address) MT. SAINT ROSE SANATORIUM

*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: Benton Ill. — DATE OF BURIAL: 5/7 1928

20. UNDERTAKER: Nolen & Mitchell — ADDRESS: Benton Ill.

N. 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.

Mr. Oberoch
Lemon & Hoppman
~~Hona~~
Hons Ave