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

Do not use this space.

34824

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 9781

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Churchill Reid

(a) Residence. No. 1128 N Newstead St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
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): 4-15-27

7. AGE: Years 1 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none (baby)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Jewell Reid
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kwood (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Ruth Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

14. INFORMANT: Jewell Reid (Address) 1128-N Newstead

15. FILED OCT 4 1928 19.. Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Oct, 1928, that I last saw her alive on Sept 20, 1928, and that death occurred, on the date stated above, at 3.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Mitral Insufficiency
1596

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Anasarca

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A N Craddock, M. D

Oct 3, 1928 (Address) 1005 N Jefferson

*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: Greenwood Cemetery | DATE OF BURIAL: 10-5 1928

20. UNDERTAKER: J. Lewis | ADDRESS: Webster Groves Mo.

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.