

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

Do not use this space.

4056

File No. 1329
Registered No. SL Ward

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. ISOLATION HOSPITAL)

2. FULL NAME

Sheraldine Reed
(a) Residence. No. 1723 N. Taylor 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 0 yrs. 3 mos. 1 da. 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 single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
	0	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work nil
(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 James Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Carroll Wilman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Lorraine Kroeber
(Address) ISOLATION HOSPITAL

15. FILE NO. 133-2103 REGISTRAR W. J. [unclear]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931 to Jan 31, 1931
that I last saw her alive on Jan 31, 1931, and that death occurred, on the date stated above at 12:10 p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis Pneumococci
1931 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) 770 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 10
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) L. F. Kompare M. D.
, 19 (Address) ISOLATION HOSPITAL

*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 Washington Park DATE OF BURIAL Feb. 3rd 1931

20. UNDERTAKER C. Young 4400 Kennedy ADDRESS

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.

