

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

Do not use this space.

781  
1008

2776

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township *Hf* ..... Primary Registration District No. ....  
City *St Louis* (No. *3972*, *Enlight*) ..... St. .... Ward)

File No. ....  
Registered No. *478* .....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *3972* *Enlight* St. *19* Ward. ....  
(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 *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) *Nov 15<sup>th</sup> 1930*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>1</i>	<i>2</i>	<i>-</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *None*  
(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.*

10. NAME OF FATHER *Artie Reed*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ill.*  
(STATE OR COUNTRY) *2*

12. MAIDEN NAME OF MOTHER *Velma Body*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo.*  
(STATE OR COUNTRY) *1*

14. INFORMANT *Velma Reed*  
(Address) *3972* *Enlight*

15. FILED *15* *May* *1932* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan - 15 - 1932*  
17. I HEREBY CERTIFY, That I attended deceased from *1-14-32* ..... 19..... to *1-15-32* ..... 19.....  
that I last saw h<sup>e</sup> alive on *1-15-32* *4:00 am* ..... 19....., and that death occurred, on the date stated above, at *5<sup>th</sup> St.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Acute Bronchitis*  
*1066*  
*110/106*  
(duration) ..... yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) *Pulmonary edema*  
*about 24 hrs.* (duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ..... *(1)*  
DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....  
WAS THERE AN AUTOPSY? *no*  
WHAT TEST CONFIRMED DIAGNOSIS? *Clinical findings*  
(Signed) *F. J. 2. Winston* M. D.  
. 19 (Address) *2746 Wash St.*

\*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 *1-16 1932*

20. UNDERTAKER *Manuel Undertaking Co.* ADDRESS *4054 Finney*

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

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.

MAINTAINED FOR THE

Winston  
2746 Wash