

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.

JAN 5 1933

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

Do not use this space.

36919

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 785  
 5 Township \_\_\_\_\_ Primary Registration District No. 3037  
 7 City Kirkwood (No. 908 N. Harrison) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Reed  
 (a) Residence No. 908 N. Harrison St. 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.

File No. \_\_\_\_\_  
 Registered No. 205  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 3 21

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer 154  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

MOTHER  
 13. NAME George Reed 3  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2  
 15. MAIDEN NAME Eliza Falconer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER  
 17. INFORMANT (ADDRESS) George Reed  
908 N. Harrison St  
 18. BURIAL, CREMATION, OR REMOVAL PLACE father Union DATE 11/5 1932  
 19. UNDERTAKER (ADDRESS) R. M. O. Green  
357 S. Jackson Ave  
 20. FILED 11/4 1932 P. E. Dammann Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 15 1932 to Nov 1 1932  
 I last saw him alive on Oct 31 1932 Death is said to have occurred on the date stated above, at 11 P.M.  
 The principal cause of death and related causes of importance were as follows:  
General visceral Carcinomatosis  
(Carcinoma of stomach was probably primary)  
 Other contributory causes of importance:  
None  
 Date of onset not known

Name of operation Exploratory Date of Sept 1932  
 What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) A. J. Hays M. D., M. D.  
 (Address) 11 N. Jefferson

County Registrar

Handwritten text, possibly a signature or name, located in the bottom left corner of the page.