

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

Do not use this space.

3057

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City (No. 2637, Carson rd) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 8

**2. FULL NAME** John William Reed

(a) Residence, No. 2637 Carson rd 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joan Reed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Elct L.P.C.  
 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) Louisiana Missouri

FATHER 13. NAME Luther Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Leanderella Luster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont. Tenn

17. INFORMANT Mrs. Joan Reed  
 (ADDRESS) 2637 Carson rd

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Louisiana Mo. DATE January 15, 1933

19. UNDERTAKER F. L. Plutich, Inc.  
 (ADDRESS) 5966 Eastern Ave.

20. FILED 1/14 19 33 John Bracy, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1933

22. I HEREBY CERTIFY That I attended deceased from June 6 1929 to Dec 16 1932  
 last saw him alive on Dec 16 1932 Death is said

to have occurred on the date stated above, at 6:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1929  
930

Other contributory causes of importance: 930

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Med. 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) John S. Fowler, M. D.

(Address) St. Louis 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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. J. ...  
C. ...

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Warfield 0110