

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

Do not use this space.

11501

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City Hospital #2)..... St. Ward.....
 File No.
 Registered No. 2575

2. FULL NAME

Harry Reed
 (a) Residence No. 2918 Morgan St., 21 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 1877

7. AGE YEARS MONTHS DAYS If LESS than a day, hrs. or min.
56 | 19 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Henry Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Shorton

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

14. INFORMANT Geneva Coleman
 (Address) 2918 Morgan

15. FILED MAR 17 1933 Max E. Starks
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1933

17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....
 that I last saw h..... alive on....., and that death occurred, on the date stated above, at..... 1048 E.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Occlusion
Chronic Interstitial Nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 121
 (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Sarah P. Parker
 (Address) 2918 Morgan

*State the DISEASE CAUSING DEATH, or in death FROM VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem DATE OF BURIAL Mar 18 1933

20. UNDERTAKER G. A. Horn ADDRESS 2918 Morgan

430

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