

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

Do not use this space.

11639

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1033
City St. Louis (No. City, Hospital)

File No.
Registered No. 2716
St. Ward

2. FULL NAME

(a) Residence, No. 913 Putnam St. Ward 22
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 30th 1899</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Daily Remd. 108</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>11 1/2</u>

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to Mar. 20, 1933
I last saw him alive on Mar 20, 1933. Death is said to have occurred on the date stated above, at 1:15 PM.
The principal cause of death and related causes of importance were as follows:
Other contributory causes of importance:

<u>At lower lobe pneumonia & abscess formation</u>	Date of onset
<u>Pericarditis (etiology undetermined)</u>	<u>108</u>
<u>Erysipela (Right) etiology undetermined</u>	

Name of operation none Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? yes

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) Maurice A. Nichols, M. D.
(Address) City Hosp. #1

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo.</u>
	13. NAME <u>John Reed</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Elizabeth Miles</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Hospital information Mrs. P. H. ...</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Mar 22 - 33</u>
	19. UNDERTAKER (ADDRESS) <u>Reit. Terr. ...</u>
	20. FILED <u>MAR 21 1933</u>

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.

Registrar.

