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.

MAY 25 19..

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

Do not use this space.

14417

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3591

City St Louis (No. 3042, Marcus Ave. St. ..... Ward)

2. FULL NAME J. Edward Reid

(a) Residence, No. 3042 Marcus Ave St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose E. Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1860

7. AGE: YEARS 73 | MONTHS 9 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oil Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
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): Rockwood, Illinois

FATHER

13. NAME: Joseph Reid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? England

MOTHER

15. MAIDEN NAME: Margaret Rion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Kentucky

17. INFORMANT (ADDRESS): Miss Mae Dailey Reid 3042 Marcus Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE April 11, 1934

19. UNDERTAKER (ADDRESS): Harry J. Askemeyer 5195 Vernon Ave

20. FILED APR 10 1934 19.. J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1932, to April 8, 1934
I last saw him alive on April 8th, 1934. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	Summer of 1932
131	
Other contributory causes of importance:	
arteriosclerosis	Aug 1930

Name of operation none Date of —
What test confirmed diagnosis? Urinary 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) S. A. Benson, M. D.
(Address) 1441 Marcus Ave