

JAN 10 1936

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

Do not use this space.

46562

1. PLACE OF DEATH

County.....
Township.....
City..... ST. LOUIS MO. (No.)

Registration District No. 791
Primary Registration District No. 1008
ST. LUKE'S HOSPITAL,

File No.....
Registered No. 12352
St. Ward.....

2. FULL NAME JOHN REID.

(a) Residence, No. 1617 LUCAS HUNT RD. St. n.p. Ward. Wellston Mo.
(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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>INFANT.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/12/36</u>		
7. AGE YEARS	MONTHS	DAYS
-----	-----	<u>4</u>
		If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS. MO.
(STATE OR COUNTRY)

13. NAME LAWRENCE REID.
ILLINOIS.

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

15. MAIDEN NAME LEONA EDMONSTON.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS.

17. INFORMANT LAWRENCE REID.
(ADDRESS) 1617 LUCAS HUNT RD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SPARTA ILL. DATE 12/17/36

19. UNDERTAKER PROVOST UNDERTAKING CO.
(ADDRESS) 3916 N. GRAND AV.

20. FILED 12-17-36
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1936, to 12-16-1936

I last saw him alive on 12-16-1936. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Congenital Atelelectasis

Date of case? 12-12-36

Other contributory causes of importance:

Prematurity

Name of operation none Date of

What test confirmed diagnosis? physical 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 none
(Signed) Edith L. Burkholder, M. D.
(Address) 340 Bermuda Ave.

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.

20-M-2-19-36 1 X724

