

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

Do not use this space.

1. PLACE OF DEATH **JAN 10 1937** **791**
1003
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City **Saint Louis,** (No. **1519 Carr Street, Rear**) St. **12906** Ward)

2. FULL NAME **Gertrude Elzey Reed**
 (a) Residence, No. **1519 Carr Street, Rear** **25** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred **35** yrs. **7** mos. **17** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, ~~HUSBAND OR WIFE~~
~~XX HUSBAND~~ OF **William Reed**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10th, 1901**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 **7** **17**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 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) **Dec. 1936** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frank Elzey**
 14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
 (STATE OR COUNTRY) **Unavailable**

MOTHER 15. MAIDEN NAME **Mary Givens**
 16. BIRTHPLACE (CITY OR TOWN) **Webster Groves**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mary White**
 (ADDRESS) **528 South Leonard Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Dec. 31, 1936**

19. UNDERTAKER **Charles G. Sales**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **DEC 31 1936** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. 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:

*Pulmonary Embolus -
Rheumatic Heart Disease
(Chronic Myocarditis)*

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify **Alfred J. Perry**
 (Signed) **Alfred J. Perry**
 (Address) **1300 Clark Avenue**

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.

